Are You Planning to Bring an Air Conditioner?

Welcome to Truman State University and the services available through the Disability Services Office. Part of our responsibilities include processing air conditioner requests. If you need air conditioning and are assigned to Centennial, Grim, or Fair Apartments, you will be required to provide documentation of medical need {BNB, Campbell Apartments, Dobson Hall, Missouri Hall, Ryle Hall, and West Campus Suites have air conditioning included}. The documentation must be on physician letterhead or prescription and include your name, date of birth, and list the diagnosis that requires the need for air conditioning.

Please fill out the form on the reverse side of this sheet, attach your documentation, and mail it back to us at the address listed. A confirmation card will be mailed to you upon receipt of the required documentation. All materials must be sent and postmarked prior to August 1st. A $40 non-refundable late fee will be applied after August 1st.

If approved for air conditioning, you will need to bring your own air conditioner unit that is 6000 BTUs or less. A non-refundable $100 energy fee will be added to your residence hall account. Upon arrival to campus, please pre-assemble the air conditioner and call the “Fix-It” line at (660) 785-4687 to have it installed. It MUST be installed by University Facilities staff.

Currently, the University is in a process to renovate the residence halls and air conditioning is being considered as one improvement in those halls. However, until those renovations are completed, any student needing air conditioning who is assigned to a non-air conditioned area will be required to provide documentation of medical need.

If you have questions, please contact Vicky Wehner, Coordinator of Disability Services, at (660) 785-4478 or vwehner@truman.edu.

Air Conditioner Approval Form

Complete this form and attach it to the required documentation as outlined on the reverse side. Then mail it to:

Truman State University
Disability Services Office
McKinney Building
100 East Normal
Kirkville, MO 63501

Name: ____________________________________________
Address: _________________________________________
City: ____________________________________________
State: ___________________________________________
Zip: _____________________________________________
Date of Birth: _____________________________________
Student ID#: _____________________________________
Residence Hall Assignment: _________________________
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