## UNIVERSITY OF CALIFORNIA BERKELEY



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## CONFIDENTIAL

Verification of Illness Request	
For Semester:	_Year:
Name:Phone:	
SID#:	Undergrad/Grad Student:
Release Medical Information To:	Of:
(Dean, Advisor, Professor, Other)	(Dept/College, Financial Aid, Other)
☐ If you wish to WITHDRAW from the University for medical reason 2280 Tang, to begin the withdrawal petition process.	ons, <b>do not fill out this form</b> . Please go to Social Services, Room
I. I AM REQUESTING MEDICAL VERIFICATION FOR THE FOLLOWIN  Course drop Number of units after adjustment:	
☐ Incomplete	
Change grade option to Pass/Not Pass	
Upon request of the Dean's Office	
☐ Financial Aid Appeal	
II. DIAGNOSIS OR NATURE OF ILLNESS/DISABILITY:	
III. PLEASE COMMENT BRIEFLY ON HOW YOUR ILLNESS/INJURY PR	EVENTED YOU FROM PERFORMING IN YOUR CLASS(ES):
IV. DATE OF INJURY/ILLNESS AND DURATION:	
V. WERE YOU HOSPITALIZED OVERNIGHT? No Yes Hospit	tal: Dates:
Our summary of information will be based on documentation University Health Services, you must provide medical documentation order to provide the College with this documentation, you must	ntation in order for us to process your request.
TODAY'S DATE:	

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