



UNIVERSITY HEALTH SERVICES Tang Center
People. Campus. Community.

CONFIDENTIAL

Verification of Illness Request

For Semester: _____ Year: _____

Important: Please Complete Each Item

Name: _____ Phone: _____

Address: _____

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 reasons, **do not fill out this form**. Please go to Social Services, Room 2280 Tang, to begin the withdrawal petition process.

I. I AM REQUESTING MEDICAL VERIFICATION FOR THE FOLLOWING REASON:

- 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 PREVENTED YOU FROM PERFORMING IN YOUR CLASS(ES): _____

IV. DATE OF INJURY/ILLNESS AND DURATION: _____

V. WERE YOU HOSPITALIZED OVERNIGHT? No Yes Hospital: _____ Dates: _____

Our summary of information will be based on documentation in your medical chart. If you were treated outside of the University Health Services, you must provide medical documentation in order for us to process your request. In order to provide the College with this documentation, you must complete a **Release of Information**.

TODAY'S DATE: _____