Medical Withdrawal Documentation

Part A: To Be Completed by the Student

Family/Last Name: _____ First Name: _____

Student ID: _____ Phone: _____

Date of Birth: _____ Semester of Request: _____

Current Address: _____

Street name & Number, City State Zip
(Where you live while attending University of Dayton)

I do hereby authorize the release of records and/or information with no limitation, which may include treatment for psychiatric illness, alcohol or drug abuse, and/or HIV test results or AIDS/ARC diagnosis. I understand this authorization may be revoked by me at any time and that in any event, it automatically expires 60 days from this date.

_____

Signature of Student **Date**

Part B: To Be Completed by the Provider

The student referenced above has requested a voluntary medical withdrawal from the University of Dayton. As part of this process, we need information from the medical or mental health provider working with this student. Please answer the following questions on signed, dated letterhead and return to the Office of Learning Resources at the address provided below.

Information Needed:

- Date of onset and dates the student is/was/will be under your care
- Frequency and duration of appointments during period for which withdrawal is requested (Note: Fall semester is August to December; Spring is January to May; Summer is May to August),
- General description of the illness/condition
- General description of treatment (past or proposed)
- Why or how this condition prevented the student from completing academic work
- Why or how this condition prevented the student from functioning effectively in the university's living community
- If applicable, your professional recommendations (could include reduced course load, no courses, or other recommendations)

Return information

Please return this form and accompanying letter to the Office of Learning Resources via fax (937-229-3270), email attachment (disabilityservices@udayton.edu), Mail/hand deliver (University of Dayton, Attention Office of Learning Resources, Room 023 Roesch Library, 300 College Park, Dayton Ohio 45469-1302)