

**STUDENT TO COMPLETE**

I authorize my treating medical and/or mental health provider to release the information necessary to support my request for a **Medical/Mental Withdrawal** for the semester noted below at California State University, Fullerton. I understand that this information will be managed confidentially and in accordance with HIPAA regulations. I also acknowledge that certain information may be shared with appropriate campus departments or local law enforcement agencies, as required by applicable state and federal laws or CSU system-wide policies.

**Student Name:**  **DOB:**  **CWID:**

**Student Signature:**  **Date:**

**MEDICAL/MENTAL HEALTH PROFESSIONAL TO COMPLETE**

To the Treating Medical/Mental Health Professional:

Please complete and return this form directly to the student for submission. While this form is not required to initiate a request for a **Medical/Mental Health Withdrawal**, it may be submitted in place of a formal letter to provide appropriate medical documentation in support of the request.

**Date of onset of condition:**  **Date(s) of hospitalization, if applicable:**

**Date(s) under your care for this specific diagnosis:**

**Diagnosis/Symptoms:**

**Effect(s) the condition has on the student's ability to perform successfully in an academic setting:**

**Semester/Term Year**

**Class/Classes (must be listed for partial withdrawal requests)**

**CERTIFICATION:** I hereby certify that the patient named above has been under my medical/mental health care. Based on my clinical assessment, the symptoms associated with their medical condition significantly impairs their ability to meet the demands of an academic setting during this time. Therefore, I recommend that the patient be granted a **Medical/Mental Health Withdrawal** for the specified semester.

**Name of Medical/Mental Health Provider:**

**Medical/Mental Health License#**

**Signature of Medical/Mental Health Provider:**

**Date:**

**Facility Address:**

**Facility Phone Number:**

**Signature of supervising professional (if applicable)**

**Facility Stamp:**

**License #**