



Student: Complete release below, then submit form to health care provider.

I, _____, authorize my licensed health care provider,
_____, to provide information regarding my
medical/psychological condition to the Auburn Cares office at Auburn University. I
understand this information will be used to determine if my request for a medical
withdrawal for _____ (semester and year) can be approved.

Student Signature: _____

Date: _____

=====

Licensed Health Care Provider Section Only:

This student is requesting a medical withdrawal from Auburn University for the term indicated above. Please provide a letter to our office with your professional recommendation of why the student is or was unable to continue enrollment in their course(s) due to a medical or psychological condition following the below guidelines. This letter will be retained in the Auburn Cares office and is kept confidential.

Medical Letter Guidelines:

- Medical letters should be prepared on letterhead, typed, dated, and bear the signature of the licensed health care professional.
- Letter should include the name, title, contact information, and professional credentials of the provider.
- The body of the letter should include the following information:
 - Statement of the medical/psychological condition and how this condition has impacted the student's ability to complete their course(s) and withdraw from their course(s) in a timely manner
 - Relevant dates of treatment, hospitalizations, surgeries, appointments, etc.
 - Healthcare provider's recommendation for a medical withdrawal
 - Determination of when the condition will be successfully resolved so that the student can return and function effectively in an academic setting (if prognosis is undetermined, additional documentation can be provided later when the student requests re-enrollment)

Please send the letter, ATTN: Medical Withdrawal Coordinator, by fax or mail to the number or address listed below. You can also scan the documentation to medwithdraw@auburn.edu.