



Do you authorize the Student Health and Counseling Center to release relevant information regarding your medical condition to the Bursar, which may affect a decision having to do with your financial liability?

YES \_\_\_\_\_ NO \_\_\_\_\_

Student's Signature \_\_\_\_\_

If any information provided above is found to contradict the Medical Leave date requested by the student, the Medical Leave may be rescinded.

By signing this form you are requesting to be officially withdrawn from any classes for which you have registered for during the semester in which you have requested the Medical Leave. This means you will not receive any grades for any classes taken during the semester for which you are requesting a Medical Leave of Absence. In addition, any classes for which you have registered for the subsequent semester will be cancelled pending evaluation for return to the Campus.

Signed: \_\_\_\_\_

(Student's Signature)

(Signature of Parent or Guardian if student is incapable of signing, medical documentation to this effect must be attached)

Today's Date: \_\_\_\_\_

(Day, Month & Year)

**ALL STUDENTS MUST CONTACT**

the following departments regarding financial liability:

Bursar – 516-299-2253 & Financial Assistance Office – 516-299-2338

**OFFICE USE ONLY:**

Health and Counseling \_\_\_\_\_

Student Affairs \_\_\_\_\_

Academic Standing \_\_\_\_\_

**REGISTRAR**

Last Day of class attendance \_\_\_\_\_

Financial Assistance \_\_\_\_\_

Bursar \_\_\_\_\_