



UNIVERSITY OF MASSACHUSETTS LOWELL

University Health Services
71 Wilder Street, Suite 5
Lowell, MA 01854-3091

VERIFICATION FOR MEDICAL WITHDRAWAL

To request an administrative withdrawal from the university due to medical reasons, students must provide current documentation of their medical problem. This documentation should provide information regarding the onset, longevity and severity of symptoms, as well as, the specifics describing how it has interfered with educational achievement. To ensure confidentiality and privacy students must sign the Release of Medical Information form before submission of the document to their health care provider. All information will be kept strictly confidential and will be utilized only for the purpose of evaluating the student's request for withdrawal from school.

RELEASE OF INFORMATION

I, _____ hereby authorize the release of the following information to the Executive Director of University Health Services at University of Massachusetts Lowell for the purpose of determining my eligibility for an academic withdrawal due to medical circumstances. This information may include psychiatric care and/or treatment for alcohol and/or drug abuse.

UML ID # Date of Birth Today's Date Signature

Diagnosis(es): _____

Diagnostic code(s) (ICD or DSM IV): _____

Level of Severity: _____

Date of Diagnosis: _____

Date of Hospitalization(s): _____

Date of Surgery (ies): _____

Date of last visit: _____

Current Medication (s): _____

Currently under treatment? _____

Expected recovery/rehabilitation time: _____

(Continue on Reverse)

