



HEALTHCARE PROVIDER RELEASE

Student: complete release below, then submit form to healthcare provider.

I, _____, authorize _____, a licensed healthcare provider, to provide information regarding my immediate family member's 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 family medical withdrawal for _____ (semester and year) can be approved.

Student Signature: _____

Date: _____

Patient/Client Signature: _____

Date: _____

LICENSED HEALTHCARE PROVIDER SECTION ONLY

This student is requesting a family 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 their immediate family member's 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 healthcare 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 the nature of the family member's health condition is significant enough to warrant a resignation from classes.
 - Relevant dates of treatment, hospitalizations, surgeries, appointments, etc.
 - Healthcare provider's recommendation for a family medical withdrawal

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.

Auburn Cares

255 Heisman Drive, Suite 1206, Auburn, AL 36849
Phone: (334) 844-1305 | Fax: (334) 844-1132
<http://aucares.auburn.edu>