

Office of Registration/Student Records 4525 Education Park Drive, SSC 122 Schnecksville, PA 18078 Phone: 610-799-1171 | Fax: 610-799-1173

## **Request for Medical/Mental Health Withdrawal** Physician/Mental Health Professional Form

Please return this form, completed by a licensed Physician/Mental Health Professional, to address above. This form is not required to submit a request for Medical/Mental Health Withdrawal, but may be submitted for the purposes of providing additional information.

## STUDENT TO COMPLETE

I authorize my physician/mental health professional to release the information requested for my withdrawal from Lehigh Carbon Community College for this current semester. I understand that the information will be handled in a confidential manner and in compliance with HIPAA.

Patient Name:	ID#:	
Student Signature:	Date:	
PHYSICIAN / MENTAL HEALTH PROFESSIONAL TO COMPLETE		
Diagnosis:		
Date of onset:		
Dates under your care for this specific illness:		
Date(s) of hospitalization, if applicable:		
Effect(s) the condition has on the student's ability to perform academically:		
Prognosis:		
Treatment plan:		
PLEASE PRINT		
Name of Physician/Mental Health Professional:		Phone:
Address:		
Signature of Physician/Mental Health Professional:		Date:
Professional License ID #:	_	

The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107. PERM33C-k (AC) (10/2/2018)