

# REGISTRATION APPEAL

## MEDICAL VERIFICATION OR MEDICAL CARETAKER VERIFICATION FORM

Appeals are granted for exceptional circumstances and are not guaranteed approval. Students seeking a record adjustment or course refund for medical reasons must submit this form to their medical provider for completion. This form is used to verify the authenticity and severity of the circumstances presented.

### STUDENT INFORMATION AND RELEASE

*(To be completed by the student.)*

I authorize the release of my medical records/information to Salt Lake Community College to provide details relevant to my request. In accordance with the Family Educational Rights and Privacy Act (FERPA), I also authorize Salt Lake Community College to share my grades and class schedule information with my medical provider (named below) as needed to accurately evaluate my request.

Student's Name \_\_\_\_\_

Student's ID Number \_\_\_\_\_

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

### MEDICAL PROVIDER VERIFICATION

*(To be completed by the medical provider.)*

Date(s) patient was under your care \_\_\_\_\_

Semester Affected \_\_\_\_\_

Nature of medical condition/illness/injury/event (brief description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your medical opinion, do you believe this condition/illness/injury/event inhibited the student's ability to be successful in school such that their course(s) should be drop/withdrawn or factored out of the student's GPA for the affected semesters? Yes \_\_\_ No \_\_\_

Additional comments or recommendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL PROVIDER VERIFICATION

*(To be completed by the medical provider.)*

The Salt Lake Community College Registrar's Office may contact you to confirm that the information provided on this form is not fraudulent or altered in any way, or to obtain additional clarification regarding the request.

Printed Name (and post-nominals) \_\_\_\_\_ License # \_\_\_\_\_

Name of Practice/Clinic \_\_\_\_\_

Email (if available) \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_