

Request for a Medical Release from Classes

Student Information	
Name: (Last, First, M.I.)	EMPLID #:
Address:	City, State, Zip
Phone:	Email

Withdrawal Information:	
Academic Semester (check one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
Please note: Course releases can only be applied to the current semester.	

Do you have Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the possible financial consequences of your request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please be advised that financial aid and scholarships may be affected when dropping. Please schedule an appointment to discuss your financial aid. For instructions, please visit www.brooklyn.cuny.edu/financialaid/appointment . For questions about scholarships, call 718.951.4796, or visit 213 West Quad.

Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the possible implications to your student status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please contact International Student Services at 718.951.4477, or visit 235 West Quad for more information.

Type of Request (check one): <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health
Documented Record of Care (<i>Please attach copies of all supporting documents.</i>):
<input type="checkbox"/> Medical Record <input type="checkbox"/> Counseling / Psychiatric Record <input type="checkbox"/> Office Visit Records
<input type="checkbox"/> Other (Description): _____

Student Signature	
Student's Signature	Date

Submit the completed request form with all supporting documents to the Student Ombudsperson located in 2113 Boylan Hall. For questions, please email studentaffairs@brooklyn.cuny.edu.

Office Use Only	
Result of Request: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Authorized Signature (Enrollment Management)	Date
Authorized Signature (Student Affairs)	Date

Please note: Students seeking to return to school after a release has been granted must provide documentation from a health care practitioner stating they are able to fully participate in educational programs.