



OFFICIAL MEDICAL or LEGAL CERTIFICATION

Submit with CF Withdrawal Petition, Form SA-AR30MKPR.

Part I: To be completed by student.

Please check the type of information to be released from the appropriate official: [] Medical [] Legal [] Death

CF ID No.: _____

Legal Name: _____ Last First Middle (complete) Jr., etc.

Student Signature _____ Date: MM/DD/YY _____

Reason for Petition (from petition checklist): _____

Please read carefully.

The appropriate official (i.e.; licensed physician, clergy, licensed mental health professional, judge or attorney) must complete Part II. The completed form may be returned to the student or forwarded to the appropriate mailing address. The student is affixing their signature in Part I and is authorizing the appropriate professional to release the information requested to the college for the purpose of supporting the petition for a withdrawal from College of Central Florida.

Part II: To be completed by appropriate official.

(licensed physician, clergy, representative of the court, licensed mental health professional, judge or attorney) The student is petitioning the College of Central Florida for special consideration regarding a college regulation. The student believes the reason stated in Part I above may have directly or indirectly contributed to the need for a withdrawal from the college. The information submitted will be used to determine if the student qualifies for the withdrawal.

If this section is applicable, all sections must be completed by the appropriate official who actually attended to the applicant or family member. If not completed properly, the withdrawal process will be delayed.

Name of Official: _____ Title: _____ License No./State: _____

Mailing Address: _____ Street/P.O. Box City State Zip Code

Telephone No.: _____ E-mail: _____

In your opinion, could the student attend class during the relevant period? [] Yes [] No

If no, please specify the complete dates the student was unable to attend class and attach a letter on official stationery which briefly describes the student's condition or situation. From: MM/DD/YY To: MM/DD/YY

At the discretion of the Dean of Enrollment Management or the Petitions Committee, additional supporting documentation may be requested including copies of medical records.

Illness of Immediate Family Member

- 1. Student is the sole round-the-clock caregiver to their immediate family member. [] Yes [] No
2. What is the relationship of the student to the family member? _____
3. Duration of extensive care needed. From: MM/DD/YY To: MM/DD/YY

Authorized Signature Only

Original Signature of Appropriate Official Print Name Date: MM/DD/YY