

Health Care Provider Verification

Student Name: _____
Last First Middle

ctcLink ID Number: _____ Birthdate: _____ / _____ / _____ (MM-DD-YYYY)

Email: _____ Quarter and year this request is for: _____

Are you receiving financial aid? Yes No Are you receiving veteran's benefits? Yes No

Student's Statement: Clearly explain why you are seeking a medical withdrawal.

Patient's consent to release medical information

I, _____, give my permission for my health care provider to release information to Edmonds College concerning my medical condition as it relates to my request for a refund of tuition.

Signature of patient: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

(Only if patient is under the age of 18)

Check here if the student is not the patient, but is a caregiver to the patient.

Health care provider's section

Confirm name of patient: _____

Description of student/patient's condition and how it prevents the student from attending the college (attach additional sheets if necessary): _____

Date of first visit: _____ When did you last examine the student/patient? _____

I certify that, in my professional opinion, _____ is/was unable to attend Edmonds College during the following dates _____ due to the medical conditions described above.

Signature of health care provider: _____

Health care provider's name (printed): _____

Date: _____

Phone: _____

Request for Medical Withdrawal

In accordance with RCW 28B.15.605, when students are unable to complete a quarter and the reason is due to a medical situation, they may ask for a withdrawal and 100% refund of tuition and fees. Edmonds College requires the following:

- Current documentation from a licensed health care provider.
- The medical situation must relate to the student, or the student's immediate family, which includes parents, siblings, spouse, children, or domestic partner.
- The medical situation must be sudden or unexpected, and beyond the student's control.
- Submit the request as soon as possible, but no later than one year after the quarter ends in which the medical situation occurred.

Instructions:

Step 1: Fill out the student's statement (use a separate sheet of paper if the section is not enough) and sign the consent to release section.

Step 2: Take it to your health care provider to have their section filled out. Make sure you have them attach a business card or letterhead.

Step 3: Attach any other documentation supporting your request.

Step 4: Make sure all the fields are complete and signed. **Incomplete forms will be denied.**

Step 5: Drop off your request at: Enrollment Services, Lynnwood Hall, 1st floor
(Or)

Mail it to: Attn: Medical Withdrawal
Enrollment Services
20000 68th Ave W
Lynnwood, WA 98036

Approved medical withdrawal requests result in the following:

- An official withdrawal from all enrolled classes. Partial withdrawals are not allowed, except in rare circumstances.
- A 100% refund of tuition and fees. Books and supplies are not included.
- The removal of failing grades on the transcript if posted.
- The posting of an official withdrawal (W grade) on the transcript for each enrolled course.