

Provider Form for Medical or Psychological Semester **Withdrawal**

Student Name: _____ Student B Number: _____

(Please write legibly)

Date: _____ Withdrawal Semester _____

Provider Information:

Name and credentials: _____

License Number: _____

Business Address: _____

Phone and Fax Numbers: _____

Patient Information:

Patient's Name and Date of Birth: _____

Date of Patient's initial appointment with you: _____

Date of Patients most recent appointment: _____

Diagnosis and Reason for Medical or Psychological Withdrawal: _____

Provider Signature: _____ Date Signed: _____

Please **Fax** this form to Binghamton University Decker Student Health Services Center at **607-777-2881**.
(Phone number 607-777-2221)