

Provider Withdrawal Form

Please complete thoroughly and legibly

Today's Date: _____

Withdrawal Type: **Medical / Psychological**

Student Information:

Student Name	University B#	Date of Birth	Status	Student Phone Number
			Undergraduate or Graduate	

Provider Information:

Name	Credentials	License Number	Business Address and Phone and Fax Numbers

Withdrawal Information:

Withdrawal Year:		
Withdrawal Semester:	<i>Spring</i>	<i>Fall</i>
Withdrawal Diagnosis:		
Circumstances leading to withdrawal:		

Appointment Information	Date of initial appointment	Date of last appointment

Provider Signature: _____ Date Signed: _____

- Students:* Please upload this form to the Binghamton University Health and Counseling online portal.
- Go to <https://binghamton.medicatconnect.com/>
 - Indicate you are from Binghamton University. Sign in using your University username and password.
 - Go to the UPLOADS section of the portal.
 - Upload the completed form using the option "Withdrawal/Re-enrollment Forms." [Note that forms uploaded using the incorrect option may lead to the form not getting reviewed.]