Healthcare Verification Form: Medical Withdrawal

BELLEVUE COLLEGE

Medical Withdraw Information:

Bellevue College allows students to request a medical withdrawal and refund of tuition and fees, or reinstatement of financial aid if the student or a member of the student's family had a health condition that prevented them from completing the quarter/term.

- The medical situation may apply to the student or the student's family, which includes parents/step-parents, siblings, children, spouse, or domestic partner.
- The college generally does not approve medical withdrawals and refunds for chronic health conditions, or health conditions known to the student at the start of the quarter.
- The college requires a complete withdrawal from **all** classes. If you seek an exception to this, please be specific in your appeal and supply documentation that supports why withdrawing from some classes but not others as medically necessary.
- Students approved for a medical withdrawal refund receive an official grade of "W" on their transcripts. You cannot use a "W" grade to complete your academic program, use the class to cover pre-requirements for other classes, transfer credits to another college, graduate with a degree or more. You will be required to retake the class if you want credit for the course.

Student Instructions:

1. Fill in your information and sign on the next page. If the health condition pertains to a family member, have that person sign this form.
2. Take this form to the licensed healthcare provider that provided treatment or diagnosis for the medical condition.
3. Return the signed form to Bellevue College the address below or through the online appeal form on the Bellevue College website. Search "Medical Withdraw" on the Bellevue College website.

Healthcare Provider Instructions:

Please follow these steps:

1. Complete the information on the next page of this form
2. This form requires a physical signature or secured electronic signature. Please do not type your name on the signature line.
3. Please return this form directly to the student to submit to the college or send it directly to Bellevue College at the address below.

Once the document is submitted to the college, it becomes part of the student's education record and is no longer protected under Health Insurance Portability and Accountability Act (HIPAA). As a student record, it is protected by the Family Educational Rights and Privacy Act (FERPA).

Please return this form and your response to **Bellevue College Attn: Student Central U-104 Enrollment, 3000 Landerholm Circle SE, Bellevue, WA 98007**

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Student Information (Student to Complete):

Student Name	
BC Student ID#/CTCLINK ID#	Student Birthdate
Person who experienced severe medical condition	
Relationship of person with medical condition	

I direct my health care provider and medical services providers to disclose and release my protected health information to Bellevue College as part of an appeal process for a medical withdraw and refund of tuition and fees, or an appeal process related to financial aid eligibility.

Student Signature: _____ Date: _____

Legal Guardian's Signature if under the age of 18:_____

Healthcare Provider Information (Healthcare Provider to Complete):

Provider Name	
Provider License Number	
Provider Address	
Provider Email	
Identified Medical Condition	
Date of onset	Date of last visit or resolution of condition
Estimated date condition has/will improved in a way student may return to school?	
Description of condition(s) preventing or prevented the student from attending Bellevue College:	

I certify that the student was/is unable to attend Bellevue College and participate in instruction and class activities during the Quarter of _____ (Summer, Fall, Winter, or Spring) in the year of _____

Healthcare Provider Signature: _____ Date: _____