BELLEVUE COLLEGE

HEALTH CARE PROVIDER VERIFICATION FORM

INSTRUCTIONS TO STUDENT:

Sign the consent section below and then submit this form to your health care provider.

INSTRUCTIONS TO HEALTH CARE PROVIDER:

In order to consider an appeal for refund of tuition and fees, Bellevue College requires documentation from a licensed health care provider verifying a current condition that prevents the student from attending Bellevue College during this quarter.

Step 1:
Student signs consent section of this form

Step 2:
Attach your business card or piece of letterhead

Step 3:
Mail to:
BC Enrollment Services,
Room B125
3000 Landerholm Circle SE
Bellevue, WA 98007

Name of student/patient

Patient's student ID number

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?

I certify that, in my professional opinion, _____ is currently unable to attend Bellevue College during _____(quarter) of _____ (year) due to the medical conditions described above.

Signature of health care provider: _____

Health care provider's name (printed): _____

Date: _____ Health care provider's phone number: _____

STUDENT'S CONSENT TO RELEASE MEDICAL INFORMATION

I, _____, give my permission for my health care provider to release information to Bellevue College concerning my physical condition as it relates to my request for a tuition refund:

_____
Signature of student Date

_____
Signature of parent or guardian (if student is under the age of 18) Date