



**OFFICIAL MEDICAL or LEGAL
CERTIFICATION
WITHDRAWAL PETITION**

Submit with CF Withdrawal Petition, Form SA-AR30MKPR.

Part I: To be completed by student.

Please check the type of information to be released from the appropriate official: Medical Legal Death

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Student Signature _____ Date: MM/DD/YY _____

Reason for Petition (from petition checklist): _____

Please read carefully.

The appropriate official (i.e.; licensed physician, clergy, licensed mental health professional, judge or attorney) must complete Part II. The completed form may be returned to the student or forwarded to the appropriate mailing address. The student is affixing their signature in Part I and is authorizing the appropriate professional to release the information requested to the college for the purpose of supporting the petition for a withdrawal from College of Central Florida.

Part II: To be completed by appropriate official.

(licensed physician, clergy, representative of the court, licensed mental health professional, judge or attorney)

The student is petitioning the College of Central Florida for special consideration regarding a college regulation. The student believes the reason stated in Part I above may have directly or indirectly contributed to the need for a withdrawal from the college. The information submitted will be used to determine if the student qualifies for the withdrawal.

If this section is applicable, all sections must be completed by the appropriate official who actually attended to the applicant or family member. If not completed properly, the withdrawal process will be delayed.

Name of Official: _____ **Title:** _____ **License No./State:** _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone: _____ **Email:** _____

In your opinion, could the student attend class during the relevant period? Yes No

If no, please specify the complete dates the student was unable to attend class and **attach a letter on official stationery which briefly describes the student's condition or situation.** From: MM/DD/YY _____ To: MM/DD/YY _____

At the discretion of the Vice President of Student Affairs, designee or the Petitions Committee, additional supporting documentation may be requested including copies of medical records.

Illness of Immediate Family Member

1. Student is the sole round-the-clock caregiver to their immediate family member. Yes No
2. What is the relationship of the student to the family member? _____
3. Duration of extensive care needed. _____
From: MM/DD/YY To: MM/DD/YY

Authorized Signature Only

Original Signature of Appropriate Official _____ Print Name _____ Date: MM/DD/YY _____