

## GENERAL INFORMATION

Students seeking a record adjustment or refund for medical reasons must submit this form to their medical provider for completion. This form is used to verify the authenticity and severity of the circumstances presented. Completing this form does not guarantee approval.

## STUDENT INFORMATION AND RELEASE

*To be completed by the student.*

UVID: \_\_\_\_\_ Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Courses:  All  Some

I authorize the release of my medical records/information to Utah Valley University to provide details relevant to my request. In accordance with the Family Educational Rights and Privacy Act (FERPA), I also authorize the Utah Valley University Registrar's Office to share my grades and class schedule information with my medical provider (named below) as needed to accurately evaluate my request.

➔ **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MEDICAL PROVIDER VERIFICATION

*To be completed by the medical provider. Specific justification for each semester affected is required.*

Date(s) student was under your care: \_\_\_\_\_ Semester(s) Affected: \_\_\_\_\_

Nature of medical condition/illness/injury/event (brief description): \_\_\_\_\_

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In your professional opinion, do you believe this condition/illness/injury/event was **incapacitating** such that successful completion of schoolwork and course(s) was not possible?

Yes  No

If the student is submitting this request for only **some** of the courses in the semester (see above), please explain how the medical event, condition, etc. was incapacitating for some courses and not the whole semester.

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## MEDICAL PROVIDER INFORMATION AND SIGNATURE

*The UVU Registrar's Office may contact you to confirm that the information provided on this form is not fraudulent or altered in any way, or to obtain additional clarification regarding the request.*

Printed Name (and post-nominals): \_\_\_\_\_ License #: \_\_\_\_\_

Name of Practice/Clinic: \_\_\_\_\_

Email (if available): \_\_\_\_\_ Phone: \_\_\_\_\_

➔ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_