



**Office of the University Registrar
Medical Certification Form**

**Attention: Revision of Records
125 Jesse Hall
Columbia, MO 65211**

From the student: I agree that _____ (Physician's Name) may release my medical information to the University of Missouri in support of my request for a revision to my academic record.

Student's Signature Printed Student's Name Student Number Date

Please mail this form to arrive in the Office of the University Registrar by: _____ (Date Needed)

To the physician: Before action can be taken, this student must provide verification that he or she was under your care during this enrollment period for a condition which prevented him or her from performing academic duties. If this is the case, please complete the following information, sign and date the form and return it directly to: **Office of the University Registrar, Attention: Revision of Records, 125 Jesse Hall, Columbia, MO 65211.**

Please do NOT provide billing statements or medical records with this form.

TO BE COMPLETED BY THE PHYSICIAN

Please Print Legibly or Type. It is suggested that you keep a copy for your records.

Patient's Name Patient's Social Security Number & Seen between (Dates of Treatment)

Symptoms/Diagnosis: _____

The problem affected: (Check Affected Areas of Performance) _____ Class Attendance _____ Homework Assignments
_____ Long-Term Projects _____ Other (Describe) _____

Was the problem resolved? (Circle One) YES NO

I verify that during the above enrollment period, this patient was unable to perform his or her academic duties due to medical reasons.

Physician's Signature Printed Physician's Date

Street Number Street Name City, State, ZIP Code

Telephone Number Office/Doctor's Stamp: (If Applicable)



TO BE COMPLETED BY THE STUDENT

It is suggested that you keep a copy for your records.

I Request The Following: (Check Appropriate Boxes) Backdated Withdrawal From All Courses
 Other (Specify) _____

Check the semester and write the year for which your request is being made:

Fall (Late August-December) Winter (January-May) Summer (June-Early August) Year: _____