

## Health Care Provider Verification Form Petition to Exception of Policy

INSTRUCTIONS TO THE HEALTHCARE PROVIDER:	Name of Student/Patient:		
	Patient's Student Identification Number:		
In order to consider a Petition			
for Exception to Policy, South	Description of Student/Patient's condition and how it prevents the student from attending		
Seattle College requires	the College this quarter. (Attach additional sheets as necessary.)		
documentation from a			
licensed Health Care Provider			
verifying a current condition			
that prevents the student			
from attending the College			
during this quarter.			
Please provide the following			
information along with a			
business card or a sheet of			
letterhead paper after the			
student/patient has			
completed the release			
consent at the bottom of this	Data of finate data	When did you last suggester the student?	
form.	Date of first visit:	When did you last examine the student?	
RETURN THIS FORM TO: South Seattle College			
	I certify that, in my professional opinion, is currently		
Office of the Registrar	unable to attend South Seattle College during(quarter) of (year) due		
4RSB043 6000 16 <sup>th</sup> Avenue SW Seattle, WA 98106-1499	to the medical conditions described above.		
	Health Care Provider Signature:		
	Health Care Provider's name, printed:		
CONSENT TO RELEASE MEDICAL INFORMATION I,, give my permission for my Health Care Provider to release			
information to South Seattle College concerning my physical condition as it relates to my request for a Petition for			
Exception to Policy.			
Signature of Student		Date	
Signature of parent/guardian (if student is under the age of 18) Date			