

Absence Memo  
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## Medical Documentation Form

College of Charleston Student \_\_\_\_\_

Last

First

MI

College of Charleston Student ID: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I request the release of medical information to the Office of Undergraduate Academic Services.

Signature \_\_\_\_\_

Illness (DSM-IV Diagnosis, if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Duration, Intensity and Frequency of Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification for Late Course Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Provided/Dates of Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature and Credentials of Health Professional

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name and Address (print or type, please)

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

form updated 8/25/09