UNIVERSITY OF WASHINGTON

# Health Care Provider Verification Form for Tuition Forfeiture Petition

STUDENT FISCAL SERVICES
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Seattle, WA 98195-5870

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**INSTRUCTIONS FOR COMPLETING THIS FORM:**

A licensed healthcare provider may complete this form as a supporting document to accompany a student's FQD petition. Examples of licensed healthcare providers include mental health counselors (LMHC), social workers (LICSW), marriage and family therapists (LMFT), psychologists (Ph.D. or Psy.D.), nurses and nurse practitioners (RN or NP), physicians (MD or ND), and any other licensed health/mental health provider.

Once the form has been completed, it can either be returned to the student to submit to the school, or sent to UW directly by the provider.

## TO BE COMPLETED BY THE STUDENT:

| Student Name (Last) | (First) | (Middle Initial) |
|---|---|---|
| | | |

| UW Student ID Number | Email | Petition Quarter/Year |
|---|---|---|
| | | |

By signing below, I give my consent for my healthcare provider to provide information to the University of Washington by completing this form in evaluation of my medical records.

_____ _____

Signature of Student Date

_____ _____

Signature of Parent/Guardian if student is under the age of 18 Date

## TO BE COMPLETED BY THE HEALTHCARE PROFESSIONAL:

| Healthcare Provider Name | Credentials and Licensing Information |
|---|---|
| | |

| Healthcare Practice/Facility Name |
|---|
| |

| Address/Website |
|---|
| |

| Phone | Email |
|---|---|
| | |

I support the above student's need to withdraw or reduce credits for a tuition forfeiture petition for the quarter(s) indicated above due to extenuating circumstances beyond the student's control (check one): Yes ○ No ◉

Healthcare Provider Signature: _____ Date _____