



College of Charleston

66 George Street
Charleston, South Carolina 29424-0001

E-Mail: absencememo@cofc.edu

Medical Documentation Form

Absence Memos
67 George Street
(843) 953-3390
FAX (843) 953-2290

Client/Patient _____ SSN: _____
Last First MI

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 _____