

MEDICAL/MENTAL HEALTH WITHDRAWAL CHECKLIST

- Authorization to Release Records Form:**
This document allows UTSA Counseling Services and/or Student Health Services permission to act on your behalf with Academic Support and Undergraduate Studies, Dean of Graduate Studies, Business Office, the Registrar's Office, and Financial Aid.
- Authorization to Release Information Form:**
This document enables the UTSA Counseling Services and/or Student Health Services to contact and/or accept corroborating documentation from your doctor, provider, therapist, etc. for the purpose of your Medical/ Mental Health Withdrawal.
- Informed Consent** (i.e. for Counseling Services office)
- Personal Statement** (i.e. type-written by the student)
- Healthcare Provider's Statement** (i.e. written on doctor's / counselor's / therapist's letterhead)
- Transcript** (i.e. with final grades earned during the semester in question)
- Other Supporting Documentation**
i.e. OPTIONAL – examples such as hospital records, police reports, etc.)