

**UT San Antonio
Wellbeing Services**

Student Assistance Services

Phone: (210) 458-4985

SU 1.02.22

MEDICAL/MENTAL HEALTH WITHDRAWAL CHECKLIST



Authorization to Release Records Form:

This document allows UT San Antonio Wellbeing 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 UT San Antonio Wellbeing 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 Wellbeing 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.)