



# Student Request for Health Related Leave of Absence

Marillac Hall, Room 130  
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**Attention:**  
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Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student's Address \_\_\_\_\_ Student's Tel \_\_\_\_\_

City/Town \_\_\_\_\_ Student X # \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

School/ College \_\_\_\_\_ Major \_\_\_\_\_

Dean School/College \_\_\_\_\_ Tel \_\_\_\_\_

*I am writing to formally request that I be granted a Voluntary Health Related Leave of Absence starting with the \_\_\_\_\_ semester. My request is based on my medical and/or mental health condition that is interfering with my ability to function in the University setting.*

*I have initiated this procedure by informing the Dean of my school or college, signing the Authorization for Release of Protected Health Information form and forwarding a copy of the Community Provider Report Form to a licensed health care provider who is familiar with my condition and will provide the necessary information to the Health Related Leave Review Committee.*

*I understand that submitting this letter and the required documentation does not guarantee that I will be granted a Health Related Leave of Absence.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Date letter received