



Student Information: To be completed before submitting to medical provider	
Student Name: _____	Student ID: _____
Student Email: _____	Semester: _____

Patient Information: To be completed before submitting to medical provider	
Patient Name: _____	Date of Birth: _____
Patient Email: _____	Patient Phone: _____
Patient's Relationship to Student: _____	
I authorize the release of medical information necessary to process this Tuition Appeal.	
Patient Signature (if 18 or over) OR Student Signature (if caring for a minor)	

Completed form must be included with the Refund Request Form (Tuition Appeal Application) 7/31/25