

Medical Documentation Form

Student Account Services

Attn: Tuition Appeals Committee

AC235 Nunn Drive

Highland Heights, KY 41099

The Tuition Appeal Committee will **not** accept or consider copies of insurance forms, bills, explanation of benefits (EOB) forms, hospital records, or your physician's medical records unless specific information is requested. If the Committee approves an exception to the refund procedures based on your medical circumstances, it will be allowed one time only. Should the same condition reoccur in future semesters, no further appeal will be allowed as you are aware of the condition and should manage your registration accordingly.

SECTION 1: Student Identification	***COMPLETED BY STUDENT***
Name:	Student ID Number:
Student Signature:	Date:
	orizing release of medical information to NKU Tuition Appeals Committee.
	lete section 1 and submit to physician for completion.
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SECTION 2: PHYSICIAN'S CER	RTIFICATION ***COMPLETED BY PHYSICIAN ONLY***
1. Diagnosis/ explanation of the stud	dent's medical condition and how it prevents them from performing academic duties:
2. Actual date(s) of medical treatme	nt or service(s) for this illness:
3. Date when the student became to	unable to perform academic duties:
Physician/Medical Professional Signat	ure: Date:
I certify that, in my best professional judgme	nt, the student identified above was unable to perform academic duties and complete the dical incapacitation during the above stated time. As a public institution, tuition adjustment
Printed Name of Physician:	
Printed Name of Physician:Address:	

If the signed letterhead or any of the above information is excluded, the student's tuition appeal will be rendered incomplete and a decision of denial will be made. All decisions are final.

signature to verify the validity of this form. This form must be faxed directly from the physician's office to:

Attn: Tuition Appeals Committee Fax: (859) 572-6087