

## Provider Withdrawal Form

Please complete thoroughly and legibly

Today's Date: \_\_\_\_\_

Withdrawal Type: **Medical / Psychological**

### Student Information:

Student Name	University B#	Date of Birth	Status	Student Phone Number
			Undergraduate or Graduate	

### Provider Information:

Name	Credentials	License Number	Business Address and Phone and Fax Numbers

### Withdrawal Information:

Withdrawal Year:	
Withdrawal Semester:	<i>Spring</i> <span style="margin-left: 150px;"><i>Fall</i></span>
Withdrawal Diagnosis:	
Circumstances leading to withdrawal:	

Appointment Information	Date of initial appointment	Date of last appointment

Provider Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Students:* Please upload this form to the Binghamton University Health and Counseling online portal.

- Go to <https://binghamton.medicatconnect.com/>
- Indicate you are from Binghamton University. Sign in using your University username and password.
- Go to the UPLOADS section of the portal.
- Upload the completed form using the option "Withdrawal/Re-enrollment Forms." [Note that forms uploaded using the incorrect option may lead to the form not getting reviewed.]