



Student Tuition Appeal – Medical

_____, a student at Clinton Community College is requesting a
(Student name)

refund of their tuition for _____ due to medical reasons.
(Semester and Year)

To Student: HIPPA regulations require the student to provide a release of personal medical information to Clinton Community College, Tuition Appeals Committee.

Please include the following information on office letterhead:

NOTE: Any missing information may cause a delay or denial of the appeal

- Student Name
- Name and license number of attending physician
- Office address and phone number
- Date of first visit, date(s) of follow up visits, and state if student is still under your care
- State if the student can immediately resume classes, and if not state specifically why and when they may return to classes
- Specific diagnosis and treatment plan
- Additional information to support student's appeal
- Signature of attending physician (electronic signature not acceptable)

Please return to:
Clinton Community College
136 Clinton Point Drive
Plattsburgh, NY 12901
Attention: Tuition Appeal Chair – Holly Barcomb, Bursar

Fax: (518) 562-4367 or Email at Holly.Barcomb@clinton.edu
Questions can be addressed by calling Holly Barcomb at (518) 562-4134