



State University of New York

**CLINTON**  
Community College

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### 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 or Course)

***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, Assistant Bursar

Fax: (518) 562-4367 or Email at [Holly.Barcomb@clinton.edu](mailto:Holly.Barcomb@clinton.edu)

Questions can be addressed by calling Holly Barcomb at (518) 562-4134