**Sample letter to support leave of absence for health reasons**

*PLEASE NOTE: This must be typed on health care provider’s office letterhead stationery*

*CONFIDENTIAL*

Date:

Dr. Kevin Charles

Assistant VP/Executive Director UNH Health & Wellness

4 Pettee Brook Lane Durham, NH 03824

Dear Dr. Charles,

I am writing in support of a leave of absence for health reasons for

*Name*

*DOB*

from the University of New Hampshire for the semester because of a

diagnosis of .

I have seen this patient for this condition on the following dates (please list):

 .

and I verify and support this health condition as the reason for his/her need to take a leave of absence for health reasons from UNH at this time.

Sincerely,

[*Signature*]

Physician/Therapists name/credentials

*Mail to the address above or fax to 603-862-4259*