



REQUEST FOR SHORT-TERM MEDICAL OR PARENTAL RELEASE

Note: A parental leave or short-term medical leave request must be submitted with written certification from a health care provider and written permission by the graduate student that an official of the University may contact the certifying health care provider, if needed. A short term parental leave is a leave of six weeks. A short term medical leave is a leave of up to six weeks. For more information, please see ga.rice.edu "Leaves, Interruptions of Study and Withdrawal." For students that are expecting a child, please review safe.rice.edu/pregnancy regarding Title IX protections for pregnant students and their partners. If you need more than six weeks, contact GPS at 713-348-4002.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Degree sought (e.g. M.A., M.S., and Ph.D.):\_\_\_\_\_ Have you achieved candidacy? Yes  No

If yes, date candidacy approved\_\_\_\_\_ If no, date candidacy expected\_\_\_\_\_

Are you receiving a stipend?  Yes  No Are you receiving a tuition waiver? Yes  No

LIST the dates of the requested leave: \_\_\_\_\_

State specifically why you are requesting this leave.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- Attached is a written certification from the relevant health care provider.
 My health care provider has been given written permission to speak to the Dean of Graduate and Postdoctoral Studies, the Director of the Rice Counseling Center, and the Director of Student Health Services regarding my condition.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Chair signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_



**Authorization to Release Medical Information**

I, \_\_\_\_\_, authorize my health care professional,  
\_\_\_\_\_, to release information about my medical  
condition to Rice University's Office of Graduate & Postdoctoral Studies, for the purpose of  
assessing enrollment and academic considerations.

Signed, \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT TO YOUR HEALTH CARE PROVIDER

Graduate & Postdoctoral Studies Fax #: 713-348-3222



Please Enter Your Information

Email

Password

Login

Rice University now offers an Online Child Care Search tool. Click on this link, <https://www.collabforchildren.org/families/Rice>, and login with "Rice" using the password "Riceowls01". Do not include the quotation marks; the password is not case sensitive.

For students that are expecting a child, please review [safe.rice.edu/pregnancy](http://safe.rice.edu/pregnancy) regarding Title IX protections for pregnant students and their partners.