Parental Leave

**Health Care Provider Certification**

*The following graduate student at North Carolina State University has requested parental leave from her academic responsibilities as a graduate student. This form is used to provide confirmation from a medical service provider of the expected birth/adoption/foster care placement of the child.*

***Student Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | ID Number: |  |
|  |
| Degree: |  | Major/Program: |  |
|  |
| Campus Box:  |  | Email Address: |  |
|  |
| Home Phone:  |  | Work Phone: |  |
|   |
| ***Expected Date of Birth or Commencement of Child Care:***  |  |
|  |
| ***Authorization:*** I affirm that the information provided regarding my parental leave request is true and accurate to the best of my knowledge. I authorize the release of medical information for the specific and limited purpose of confirming the estimated due date in relation to the request for temporary release from academic duties. |
| *signature/date* |

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***Certification*** (to be completed by the Health Care Provider):

|  |  |
| --- | --- |
| Health Care Provider:  |  |
|  |
| Address: |  | Phone: |  |
|  |
| Name of Health Care Certifier: |  |
| *I affirm that the information provided above is true and accurate to the best of my knowledge.* |
| *signature/date* |