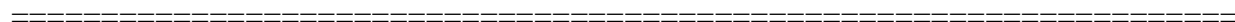


Parental Leave  
**Health Care Provider Certification**

*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:	
<b>Expected Date of Birth or Commencement of Child Care:</b>			
<p><b>Authorization:</b> 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.</p>			
signature/date			



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

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