Late Fee and Registration Hold Appeal Form

1. Complete the Appeal Form including a description of the extenuating circumstance that prevented submission of state required immunization document by the due date. Include any important supporting documents.
2. Print your completed Appeal Form and sign the certification statement.
3. Submit the completed and signed Appeal Form to the Student Health Medical Records department. Forms are accepted by email at sth-mr@virginia.edu, by fax at 434-982-4262 or by hand delivery to Room 142 (400 Brandon Avenue).

Appeal Forms will be processed within one week of submission. An appeal decision will be sent to you through secure message on HealthyHoos.

Please provide your statement appeal in the space below.

________________________________________________________________________

I certify that the above statement is an accurate description of my extenuating circumstances.

________________________________________________________________________

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________________________________________________________________________

Student Name...........................................................................................................

Student computing id.................................................................................................

Student Signature...........................................................................................................

Date.............................................................................................................................

Office Use Only

________ Appeal Granted (Fee/Hold Reversed)  ______ Appeal Denied

Signature________________________________________________ Date:_____________________

(Student Health Administrator)

Signature____________________________________ Date:_________________________

(Student Health Administrator)