ABSENCE NOTIFICATION REQUEST FORM

Student Name ____________________________ Sam ID ____________________________

Address ____________________________

E-mail ____________________________ Phone ____________________________

Date of absence(s)

Reason for absence:

Additional comments:

Office Use Only

Proof of Absence

☐ Illness (Documentation Received ____________________________)

☐ Death (Documentation Received ____________________________) Relationship to student: ____________________________

☐ Other ____________________________

Information Received by: ____________________________ Date: ____________________________

Verified by: ____________________________ Date: ____________________________

Please Return Completed form to:
SHSU Dean of Students’ Office
Box 2508
LSC 215
Phone: 936.294.1785
Fax: 936.294.3961

A Member of The Texas State University System