# Absence Authorization

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor’s Name: | | |  | | | Phone Number: | |  |
| Address: | |  | | | | | | |
| City: |  | | | State: |  | | Zip Code: |  |

|  |  |  |
| --- | --- | --- |
| Date: |  |  |

|  |  |
| --- | --- |
| Please Excuse: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | Work |  | School |  | Other |
|  |  |  |  |  |  |  |
| Due To: |  | Injury |  | Illness |  | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| For the following dates: | | |  |
|  | to |  |  |

Sincerely,

|  |  |
| --- | --- |
|  |  |
| Dr. |  |

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