



WITHDRAWAL OF REQUEST FOR DISCHARGE

I, _____, wish to withdraw the
(Name of person who signed the REQUEST FOR DISCHARGE form)

REQUEST FOR DISCHARGE of _____ from
Name of Individual

(Name of Facility)

Signature _____ Date: _____

Relationship (individual/parent/guardian/person in loco parentis)

TO BE COMPLETED BY FACILITY

This withdrawal of request was received at _____ on _____
Time (include A.M. or P.M.) Date (month, day, year)

Signature of Staff Person _____ Date: _____

Individual _____
Date of Birth: _____
Identification Number: _____
Facility: _____
Subunit: _____