

# Mental Health Medical Leave Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[School Name]

[School Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a medical leave of absence from school due to mental health reasons. After consulting with my healthcare provider, it has been advised that I take time off to prioritize my mental well-being.

I would like to request a leave starting from [start date] to [end date]. During this period, I will focus on my recovery and engage in the necessary treatments as recommended. I assure you that I am committed to my education and will work on a plan to catch up with my studies upon my return.

Thank you for considering my request. I appreciate your understanding and support during this time. Please let me know if you require any further documentation or information.

Sincerely,

[Your Name]

[Your Student ID]