

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[University Health Services (UHS) Office Name]  
[University Name]  
[Office Address]  
[City, State, Zip Code]

Dear [UHS Office/Specific Person's Name],

Subject: Request for Withdrawal from University Health Services

I hope this message finds you well. I am writing to formally request my withdrawal from the University Health Services program effective [Last Date of Service].

Due to [brief reason for withdrawal, e.g., personal circumstances, relocation, etc.], I believe it is in my best interest to discontinue my participation in the services provided by UHS.

I kindly ask for your assistance in ensuring that all necessary procedures are followed for my withdrawal. Please confirm the receipt of this letter and advise me on any additional steps I need to complete.

Thank you for your attention to this matter. I appreciate the support and services I have received from UHS.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID (if applicable)]