

I certify, under penalty of academic or workplace sanctions, that according to the University of Oklahoma's COVID-19 policies:

- I am currently restricted from participating in on- or off-campus activities, responsibilities, and/or classes.
- I will follow guidelines for resuming normal activity.

Name: \_\_\_\_\_

OU ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Anticipated return date: \_\_\_\_\_

To request an academic notification, email this form to [studentaffairs@ou.edu](mailto:studentaffairs@ou.edu).

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