

TimelyCare Exceptions Form

Please complete the below information and return a signed copy to griffin.sharp@timely.md to receive credentials for a TimelyCare account.

First Name _____

Last Name _____

Birthdate (MM/DD/YYYY) _____

Personal Email Address _____

(DO NOT use a school email. Personal email is required for account exceptions)

Position (faculty, staff, student, etc.) _____

Reason for Exception

Dates for Exception

Start Date (MM/DD/YYYY) _____

End Date (MM/DD/YYYY) _____

Printed Name:

Administrator Printed Name:

Signature:

Administrator Signature:

Date:

Date:

Please contact griffin.sharp@timely.md with any questions.

