

**UVA Department of Student Health
General Medicine
Student Reenrollment Information Update and
Consent for Communication with Academic Dean**

Please complete the requested information below and return this form to:

UVA Department of Student Health
General Medicine
P.O. Box 800760
Charlottesville, VA 22908-0760

Fax: (434) 924-1661

Your current contact information where you can be reached in order to discuss your request for reenrollment (please print):

Student Name: _____ ID#: _____

Address: _____

Telephone Land line: _____

Cell: _____

E-mail: _____

Name of your Academic Dean: _____

Semester for which you want to re-enroll:

Fall ____ Spring ____ Summer ____ Year _____

**Consent for Communication with Academic Dean
Pertaining to Medical Clearance for Reenrollment**

I, _____ hereby provide permission for
Name of Student
UVa Student Health General Medicine to communicate with my academic dean for the purpose of providing recommendations pertaining to my medical withdrawal and subsequent medical clearance for reenrollment.

Name of Academic Dean: _____

I understand that communication with my dean will only apply to the medical withdrawal and medical clearance issues and will not cover any post-enrollment treatment-related information.

Student Signature: _____

Student ID#: _____ Date: _____

Witness Signature: _____ Date: _____

This authorization of release pertains only to the above-specified information and to the above-specified parties. I also understand that I may revoke this authorization at any time in writing except to the extent that Student Health General Medicine has already taken actions in reliance on it, and that the authorization will remain valid until revoked or upon expiration of one year from the date of this signed release.