UVA Department of Student Health
General Medicine
Student Reenrollment

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/or
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.

Please fax the completed form to: (434) 243-9669
Attention: Nursing Supervisor