



**Release of Information for Readmissions Committee
 Permission For Release of Information**

I, _____, authorize the following agencies/persons:
 (Name)

Agency/Persons A

University Health Services
Saint Liam Hall
Notre Dame, IN 46556
P 574/631-7103 F 574/631-5012

Agency/Persons B

Christine Caron Gebhardt, Ph.D
 (Name)
Assistant Vice President Student Affairs
 (Title)
Undergraduate Readmissions Committee
316 Main Building
Notre Dame, IN 46556
P 574/631-5550 F 574/631-5656

To make the following transaction:

- _____ Agency/Person A disclose information specified below to Agency/Person B.
- _____ Agency/person B disclose information specified below to Agency/person A.
- _____ Agency/Person A and B disclose information specified below to each other.

I authorize the release of the following information: **readmission materials, including any relevant medical information requested by University Health Services.**

For the purpose of: **processing readmission request to make a recommendation to the University Undergraduate Readmissions Committee.**

This authorization shall remain in effect until: the end of the academic year for which readmission is sought. I understand that I may revoke this consent at any time by giving written notice to the person or organization making disclosure.

 Print Name of Client/Former Client

 Street Address, City, State, Zip

 Signature of Client/Former Client

 Phone

 Date