



**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**

John Lubker, Ph.D

(Name)

Associate Dean of Students

(Title)

The Graduate School

502 Main Building

Notre Dame, IN 46556

P 574/631-5778 F 574/631-4183

**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 Associate Dean of Students – The Graduate School.**

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