



Saint Liam Hall
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Release of Information for Readmissions Committee
Permission For Release of Information

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

Agency/Persons A

Agency/Persons B

(Name)

William Stackman, Ph.D
(Name)

(Title)

Associate Vice President Student Affairs
(Title)

University Health Services

Undergraduate Readmissions Committee

Saint Liam Hall

316 Main Building

Notre Dame, IN 46556

Notre Dame, IN 46556

P 574/631-7103 F 574/631-5012

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: admission 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

NOTICE: This information has been disclosed from records, which are confidential. Any further disclosure without the specific written consent of the person to whom it pertains exceeds the limits of this release.