

# Medical Withdrawal Healthcare Provider Release

This form is used as an attachment to the Semester Withdrawal form. If sufficient information to make a decision about the medical withdrawal is not provided in the documentation submitted by the healthcare provider, a representative from the Office of Student Support and Outreach may contact the student's healthcare provider for more information.

**Student Instructions:**

1. Complete this form and the Semester Withdrawal form.
2. Deliver the forms and supporting documentation to the Associate Director of the Office of Student Support and Outreach.

**Student Information:**

Name: \_\_\_\_\_  
                                 Last  First  Middle  Goucher ID

Mailing Address: \_\_\_\_\_  
   Street  City  State  Zip code

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Licensed Healthcare Provider Information**

Name: \_\_\_\_\_  
                                 Last (please print)  First  Middle  Goucher ID

Title: \_\_\_\_\_ Clinic/Hospital Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
   Street  City  State  Zip code

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Student Statement and signature:**

I, the above-named student, have applied for a medical withdrawal from Goucher College for the following medical reason(s): \_\_\_\_\_

I hereby authorize the release of medical and/or mental health information between the above provider and any of the following Goucher College administrators: Associate Director of Student Support and Outreach, Vice President and Dean of Students, Associate Provost for Undergraduate Studies, Director of Student Health and Counseling Services, Student Health Counselor, and Director of Community Living. These administrators may redisclose the information from the provider as well as other pertinent information concerning my physical or mental health to the following individuals:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Return form to the Office of Student Support and Outreach  
 1021 Dulaney Valley Road, Baltimore, MD 21204  
 Email: care@goucher.edu