
GOUCHER | college
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 provided 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 Zipcode

Phone: _____ Email address: _____

Licensed Healthcare Provider Information

Name: _____
Last (please print) First Middle Goucher ID

Title _____ : _____ Clinic/Hospital Name: _____

Mailing Address _____
Street City State Zipcode

Phone: _____ Email: _____

Student Statement and signature:

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

And 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 Signature:

Student's signature: _____ Date: _____

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