

Medical Withdrawal Healthcare Provider Report

This form is used in addition to the Semester Withdrawal form. If the information submitted by the healthcare provider is insufficient to decide on the medical withdrawal, a representative from the Office of Vice President & Dean of Students may contact the student's healthcare provider for more information.

Student Instructions

1. Complete the Semester Withdrawal form.
2. Complete and return this form directly to the address below via mail, fax, or email.

Student Information (please print)

Name: _____
Last First Pronouns Goucher ID

Mailing Address: _____
Street City State Zip Code

Phone: _____ Email address: _____

Licensed Healthcare Provider Information

Name: _____
Last First

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, with this document, authorize the release of medical and/or mental health information between the above provider and any of the following Goucher College administrators from these offices: Vice President & Dean of Students, Associate Provost for Undergraduate Studies, Student Health Center, Student Counseling Center, and Residential Life. In addition, 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: Office of Vice President & Dean of Students
 Dorsey 203, 1021 Dulaney Valley Road
 Baltimore, MD 21204
 Email: deanofstudents@goucher.edu
 Fax: 410-337-6494