



Authorization for Disclosure of Information in Support of Request for Academic Concession

Last Name	First Name	Student #
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The above-named student has requested an academic concession from the University of British Columbia. In order to adjudicate this request, we require additional information from a health care provider. Please either provide the information on this form or on your office's official letterhead.

Date student was seen in your office:

Duration of the illness or impairment:

(In the case of an on-going disability/impairment, duration that the severity of the condition was such to prevent the student from completing coursework or examinations).

Comments on the effect of the illness/impairment on the student's ability to meet specific academic requirements:

(i.e. ability to attend class, complete assignments, examinations, etc.)

Physician name: _____ Physician's signature: _____

Date: _____

Please fax this completed form to Arts Academic Advising at 604.822.4923 or have the student return it to our office.

To be completed by student:

I have authorized Dr. _____ to provide the above information. She/he can be contacted at:

Phone: _____ Fax: _____ Email: _____

If Arts Academic Advising Services requires additional information, I permit them to contact the above-listed health care professional.

Student Signature _____

Date _____