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

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student #</th>
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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: ________________________________