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| --- | --- |
|  | Initials |
| Added onto S/S |  |
| Passed on to GP |  |
| Completed |  |

**CONSENT FOR RELEASE OF MEDICAL DETAILS**

Please allow a minimum of seven working days for this request to be processed and for the letter to reach your department. Letters may be done sooner in exceptional circumstances **only**.

COMPLETING THIS FORM MEANS A LETTER WILL BE SENT TO YOUR DEPARTMENT. IT IS YOUR RESPONSIBILITY TO CHECK THAT THIS INFORMATION MEETS THE REQUIREMENTS OF YOUR DEPARTMENT.

I hereby give permission for Dr/Nurse............................................. to contact the University about my medical condition and to release such information as he / she feels necessary.

I understand that this report may form part of my University records and may be used for future reference by the University Academic Staff and by Committees concerned with academic progress.

###### PLEASE COMPLETE IN BLOCK CAPITALS

Name .................................................................................... Date of birth (dd/mm/yy) ................................………………..

Address (Please only provide your York University address)

………………………………………………………………………………………………………………………………………………

Tel No ............................................…………………. Student ID No ……………………………………………….

Department (s) ...............................................……..

Course of study ..................................................….. Year 1 2 3 4 (please circle)

To ensure this letter reaches the correct person within the University, please complete the following questions in full.

What is the name of the person the letter should be addressed to? ......................................……………………………….

Which Department does this person work in? ........................................................…………………………………………..

What is their role / job title? …………………………………………………………………………………………………………

What illness does the letter relate to? .....................……………………………………………………………………………..

For what reason is this letter required? ...............................................................……………………………………………..

Date of illness ...........................…………………….

**DOES THIS REQUEST RELATE TO LEAVE OF ABSENCE?** YES NO

##### A copy of a letter relating to LOA will be sent to Registry Service

Please tick this box if you wish to read this letter prior to it being sent

*If you have asked to see the letter then you should contact reception* ***7 working days*** *after this request. If we do not hear back from you within a week of the letter being sent to yout we shall send the letter to the address given above].*

A copy of the letter will be sent to Student Support Office. If you **DO NOT** consent to this, please tick this box

### Signature ....................................................................Date .............................………………………………………