

**Authorization to Discuss Information Pertaining to
Medical Leave of Absence from Bowdoin College**

I, _____, authorize _____
(Name and title of Bowdoin College official)

to discuss with _____ information related to my medical
(name of treatment provider)

leave of absence from Bowdoin College.

Signature

Date

Please return this form to the Office of the Dean for Student Affairs
Bowdoin College
4600 College Station
Brunswick, ME 04011-8437

Phone: (207) 725-3149
Fax: (207) 725-3555

(Moulton Union, second floor)