

**Authorization to Release Information Pertaining to Treatment
While on Medical Leave of Absence from Bowdoin College**

I, _____, authorize _____
(treatment provider)

to discuss with _____ my progress in treatment as related
(Name and title of Bowdoin College official)

to my request to return to Bowdoin College from medical leave of absence. I understand

that information shared in this discussion may be considered by the Bowdoin

Readmission Committee as it weighs my request for readmission.

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)