

**UVA Department of Student Health
Counseling and Psychological Services**

**Student Reenrollment Information Update and
Consent for Communication with Academic Dean**

Please complete the requested information below and return this form to:

UVA Department of Student Health
Office Manager, Counseling and Psychological Services
P.O. Box 800760
Charlottesville, VA 22908-0760

Fax: (434) 243-6693

Your current contact information where you can be reached in order to discuss your request for reenrollment (please print):

Student Name: _____ ID#: _____

Address: _____

Telephone Land line: _____
 Cell: _____

E-mail _____

Name of your Academic Dean: _____

If your academic Dean is not available may we speak with other individuals filling in for your Dean? _____ Yes _____ No

Semester for which you want to re-enroll:

Fall _____ Spring _____ Summer _____ Year _____

**Consent for Communication with Academic Dean
Pertaining to Medical Clearance for Reenrollment**

I, _____ hereby provide permission for
Name of Student

UVa Counseling and Psychological Services (CAPS) to communicate with my academic dean for the purpose of providing recommendations pertaining to my medical withdrawal and subsequent medical clearance for reenrollment.

Name of Academic Dean: _____

I understand that communication with my dean will only apply to the medical withdrawal and medical clearance issues and will not cover any post-enrollment treatment-related information.

_____ By placement of my initials on the preceding line, I am specifically providing permission for CAPS providers to communicate with my academic Dean through e-mail. I understand that e-mail is not a secure means of communication and that UVA Counseling and Psychological Services cannot guarantee that my reenrollment recommendation won't be accessed or read by individuals other than the named recipient. If this e-mail authorization has been left blank, it should be assumed that I do not want issues regarding my medical clearance sent to my dean via e-mail.

Student Signature: _____

Student ID#: _____ Date: _____

This authorization of release pertains only to the above-specified information and to the above-specified parties. I also understand that I may revoke this authorization at any time in writing except to the extent that CAPS has already taken actions in reliance on it, and that the authorization will remain valid until revoked or upon expiration of one year from the date of this signed release.