



RELEASE TO COMMUNICATE

I, _____, give consent for communication
(Student Name)

regarding my health status and care to occur among the UArts Student Health

Services and the following (on an as-needed basis):

_____ Relevant UArts divisions which may include the Office of Student Affairs,
Office of Campus Life, the Office of Educational Accessibility.

_____ Instructors (for the purpose of sending out a notice of illness)

_____ Parent/Guardian

_____ Philadelphia Department of Public Health

_____ Student's Primary Care Provider

Student Name/Signature

Student ID Number

Date

Student Affairs Staff

Date