



INNOVATION FOR A HEALTHIER PLANET

## HEALTH CARE PROVIDER VERIFICATION

Return form by mail or email to:

University of New England, Attn: Tuition Appeals, 11 Hills Beach Road, Biddeford, ME 04005

[anelson10@une.edu](mailto:anelson10@une.edu) and [wrosario@une.edu](mailto:wrosario@une.edu)

### CONSENT TO RELEASE MEDICAL INFORMATION

I, \_\_\_\_\_, give my permission for my Health Care Provider to release information to the University of New England concerning my condition as it relates to my request for a waiver of tuition and fees.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if student under the age of 18)

*Completion of this form does not guarantee a refund. The Tuition Appeals Committee reviews all materials submitted and makes a recommendation for approval or denial of appeals. The decision of the Tuition Appeals Committee is final.*

### INSTRUCTIONS TO THE HEALTH CARE PROVIDER

In order to consider a petition for a waiver of tuition, (annual fees and housing are not included) due to medical reasons, UNE requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the university during this semester. Please provide the following information along with a signed piece of letterhead after the student/patient has completed the release consent at the top of this form.

Name of Student Patient: \_\_\_\_\_  
(Last) (First) (Middle)

Describe Student/Patient's condition and how it prevents the student from attending the university. (Attach additional sheets as necessary)

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Date of first visit: \_\_\_\_\_ When did you last examine the student? \_\_\_\_\_

I certify that, in my professional opinion, the above-named student is currently unable to attend the UNE during the

\_\_\_\_\_ due to the conditions described above.  
(semester) (year)

Health Care Provider's Signature \_\_\_\_\_

Health Care Provider's Name Printed \_\_\_\_\_

Date \_\_\_\_\_ Health Care Provider's Phone Number \_\_\_\_\_