UNIVERSITY OF NEW ENGLAND

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
wrosario@une.edu and dfountain@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)*

_____

_____

_____

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 _____