Calvin University Dean of Students Office (SC364), 32616-526-6546 (phone) / 616-469-2
Student Name:Phone Number:Address:
I authorize the treatment provider(University personnel pertaining to r
Name of provider and/or organ Contact information:
Name of provider and/or organ Contact information:
Name of provider and/or organ Contact information:
I authorize the release of any and a which may be contained in my reco
 Initial Evaluation Progress Notes Letter or other writter Verbal summary of ass Information regarding diseases. Other (please specify:
I understand that the purpose of th To assure for continuit To inform university po Other (please specify:
By my signature below, I understan