

**FORM FOR REQUESTING A MEDICAL RELEASE FROM THE HOUSING
AND/OR DINING CONTRACT**

1. IF you do not already have a medical diagnosis with a work-up for your problem/symptoms, then you will need to make an appointment with a health care provider either at home or call the Health Office on campus for an appointment at x8982.
2. IF you already have a known medical condition that you have had diagnosed, then you need to take this form to the medical provider that made the diagnosis.
3. Send the completed form to the address below or fax it to (508) 999-8949.

Name _____ **Student ID** _____

Diagnosis _____

Medical testing that was done to confirm this diagnosis.

Treatment Plan

Why is a release from the UMD housing contract or meal plan necessary?

Health Provider Signature _____ **Printed Name** _____
Address _____
Date _____ **Telephone #** _____

Return to: Director of Housing and Residential Life
285 Old Westport Road
North Dartmouth, MA. 02747