



Request for Return from Medical Withdrawal Documentation

Part A: To Be Completed by the Student

Family/Last Name: _____ First Name: _____

Student ID: _____ Phone: _____

Date of Birth: _____ Semester of Request: _____

Current Address: _____
Street name & Number, City State Zip
(Where you live while attending University of Dayton)

I do hereby authorize the release of records and/or information with no limitation, which may include treatment for psychiatric illness, alcohol or drug abuse and/or HIV test results or AIDS/ARC diagnosis. I understand this authorization may be revoked by me at any time and that in any event, automatically expires 60 days from this date.

Signature of Student

Date

Part B: To Be Completed by the Provider

The student referenced above has requested to return from a voluntary medical withdrawal. As you consider these questions, please remember that the University of Dayton is primarily a residential environment where a student takes 12-18 credit hours per term, must be able to care for themselves, fulfill their academic obligations, and follow the University Code of Conduct. Please answer the following questions on signed, dated letterhead and return to the Office of Learning Resources.

Information Needed:

- Date of last appointment and Release date for return to the academic environment
- General description of the illness/condition
- General description of the treatment including duration
- What has changed in the student's circumstances that make her/him ready for the rigors of living and learning in a residential college community?
- How is the student prepared to take care of herself/himself when on campus?
- What on-going treatment plan or supports do you recommend, if any?
- Are there new risks due to recent treatment (e.g. increased infection risk after chemotherapy)? If so, what specific plans or recommendations do you and the student have to mitigate the risks?

Return information

Please return this form to the Office of Learning Resources via fax (937-229-3270), email attachment (disabilityservices@udayton.edu), Mail/hand deliver (University of Dayton, Attention Office of Learning Resources, Room 023 Roesch Library, 300 College Park, Dayton Ohio 45469-1302)
