

University of Technology, Jamaica

Medical Centre

Student Medical Release of Information Form

I _____, give permission for the release of

(Student's Name)

my medical information by providing a summary medical report relating to my absence from examinations.

This has been requested by the University of Technology, Jamaica as part of the process of fulfilling the requirements for examinations that have been missed due to ill health.

Signature of Student

Medical Report Summary

Name & Signature of Certifying Doctor

Date Completed