REQUEST FOR RELEASE FROM UNSW DUE TO ILLNESS OR MISADVENTURE – PROFESSIONAL AUTHORITY FORM

TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION - Your help in providing information regarding the student's illness (or other problem) is appreciated. This information will assist UNSW in the assessment of the student's application for Release from UNSW.

TO THE STUDENT - When lodging your application, you must provide original or certified copies of all supporting documentation in PDF Format.

Information MUST be provided by a professional authority (such as a doctor or counsellor) who then stamps and signs the form. If they do not have the facility to stamp this form, a separate official certificate should be attached providing ALL information requested.

Within the limits of confidentiality, this form and/or any certificate, must describe the nature and seriousness of the student's problem so that an assessment of the possible effects of the illness (or other problem) on ability to study at UNSW.

STUDENT’S NAME ____________________________

STUDENT ID ____________________________

DATE(S) ON WHICH STUDENT WAS SEEN: ____________________________

NATURE OF ILLNESS / MISADVENTURE
Please indicate how this will effect the students ability to study at UNSW. Attach additional statement if necessary

________________________________________________________________________________________

________________________________________________________________________________________

DATE(S) OR PERIOD(S) OF ILLNESS OR MISADVENTURE: ____________________________ FROM: ____________________________

TO: ____________________________

ASSESSMENT OF SEVERITY OF ILLNESS OR MISADVENTURE
Please tick as appropriate

MILD [ ] MODERATE [ ] SEVERE [ ]

YOUR OPINION OF LIKELY EFFECT ON STUDENT'S CAPACITY TO STUDY AT UNSW
Please tick as appropriate

MILD [ ] MODERATE [ ] SEVERE [ ]

PROFESSIONAL AUTHORITY

NAME: ____________________________

PROFESSION: ____________________________

SIGNATURE ____________________________

DATE: ____________________________ STAMP