



AUTHORIZATION FOR RELEASE OF ACADEMIC MEDICAL EXCUSES

In regard to any medical excuse that I have furnished to USA officials, I hereby authorize the University of South Alabama for validation purposes to discuss the excuse with and/or release the excuse to the office of the physician/medical professional whose name appears on the medical excuse.

This authorization is valid for one year or until revoked by me, whichever is earlier.

Signature of Student

Date

Printed Name of Student

Jag Number of Student