



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