



## AUTHORIZATION FOR RELEASE OF ACADEMIC MEDICAL EXCUSES

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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