To Whom It May Concern

The student named below is currently registered at the University of Gloucestershire. The University has instigated its Supported Studies Procedures and is considering whether this student will be able to succeed in their studies and student life with appropriate support.

To enable the Supported Studies Procedures panel to fully understand the student’s situation and ensure all relevant information is considered, the University has requested third party independent evidence related to the student’s health. The student has identified that you may be able to provide such evidence in the form of a letter to the University.

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| 1. | **STUDENT DETAILS** |
| Surname: |  | First Name: |  |
| Course Title: |  |
| Level of Study: |  | Date of Birth: |  |
|  |
| **FOR COMPLETION BY THE STUDENT** |
| I give consent for information to be released and liaison to take place between the named contact on this form, in order to support the University in considering my circumstances under its Supported Studies Procedures.**I also acknowledge in making this request that any charges associated in obtaining this information will be incurred by me.** |
| Signed: |  | Date: |  |  |
| Print name: |  |  |
| I would like to receive a copy of the letter sent to the University | YES | [ ]  | NO | [ ]  |

|  |  |
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| 2. | **NAMED INDIVIDUAL REQUESTING INFORMATION FOR THE UNIVERSITY** |
| Surname: |  | First Name: |  |
| Job Title: |  |
| Contact Details: | University Telephone Number: | 01242 7\* |
| School/Faculty/Department: |  |
| Email Address: |  |
| Campus Address: |  |

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| 3. | **FORMAT OF INFORMATION REQUIRED (BUT NOT LIMITED TO)** |
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| Submitted in written form – official stationery, practice email etc |
| Surgery/NHS/Medical Dept Name / Address |
| Name, D.O.B of Patient  |
| Symptoms/Conditions/Diagnosis  |
| Dates when presented/duration |
| Treatment, potential side effects and length of time treatment will have to take effect |
| Future prognosis impacting upon study considering the patients ability to engage with their studies |
| Recurrence (where applicable) |
| Related conditions associated with the diagnosis that the University should be aware of |