



400 Paramus Road , Room A-126/International Student Center, Paramus, NJ 07652  
Phone: 1 (201) 689-7601 Fax: 1 (201) 251-0353 www.bergen.edu/isc

**F-1 Student Consent for the Release of Medical Information**

I, \_\_\_\_\_ (Student name) hereby authorize

Dr. \_\_\_\_\_ to speak to a BCC School Nurse to discuss my request for a

Medical Leave of Absence for the \_\_\_\_\_ semester, year \_\_\_\_\_.

I understand that this information is confidential, and it is being shared for my benefit in obtaining a Medical Leave of Absence as I am on an F-1 Student Visa.

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STUDENT’S ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*Please note, that in order to qualify for a reduced course load or a medical leave due to a medical condition: “the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or a licensed clinical psychologist, to the DSO (International Counselor) to substantiate the illness or medical condition.” 8 C.F.R. 214.2 (f) (6) (iii) (B)*

STUDENT’S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_