

Plo	Please submit to: (receiving party)			
<u>(N</u>	Name of Person / Organizational Affiliation)	_		
		Phone: ()	
(A	Address)			
		Fax #: ()	
(C	City, State, Zip)			
	SUPPORTING LETTER FOR	REINSTAT	EMENT	
	AUTHORIZATION FOR EXCHA	NGE OF INF	ORMATION	
	STUDENT NAME			
	ADDRESS			
				
	PHONE			
	DATE OF BIRTHTOI	DAY'S DATE	E	
	SIGNATURE			
de	TREATMENT PLAN VI n cases of hardship withdrawal requiring reinstatement for lesignee of the student's school or college places a hold of einstatement to the university as outlined below.	or personal me	edical reasons, the Dean or Dean	's
1.	Date of evaluation			
2.	Start date of treatment (if applicable)			
	End date of treatment (if applicable)			
3.	3. Frequency of appointments			
4.	. Diagnosis			
5.				
				-

	Professional opinion regarding the student's current ability to handle the intellectual, physical, soc and/or personal demands of being: A full-time student at Seattle University.	ial,
	Living safely and independently in the residence halls, providing appropriate self-care, and utilizing ailable support and treatment resources.	g
7.	Recommendation for special accommodations under which student should be reinstated.	
8.	Current treatment recommendations for the student.	
9.	Additional Comments (attach any applicable supporting materials):	_
	GNATURE	
	RINT NAME	
CE	CENSE/DEGREE/ ERTIFICATION TLE	
DA	ATE	
AΓ	DDRESS/PHONE	