AUTHORIZATION FOR RELEASE OF ACADEMIC MEDICAL EXCUSES

In regard to any medical excuse that I have furnished to USA officials, I hereby authorize the <u>University of South Alabama</u> 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