

**Middlesex Community College
PROVIDER COMMUNICATION FORM**

Student Name:

Date of Birth:

Today's Date:

Please complete and return this form via email (deanofstudents@middlesex.mass.edu) or in person. If more space is needed in the narrative sections, please add additional pages. This information will become part of the student's confidential student record as protected by FERPA.

I acknowledge that all information provided by me and/or my health provider at my request becomes part of my confidential student record and is protected by FERPA, but is not subject to HIPAA. This information will only be shared with the parties authorized by the Dean of Students Office as part of the review team process.

Student Signature:

Date:

To return to Middlesex Community College, a student must be able to:

- Function autonomously on campus
- Not require supervision or monitoring for safety or continuing care
- Be able to take responsibility for arranging and following through with any further treatment

1. Based on the above criteria, is this student ready to return to Middlesex Community College?

YES

NO

2. Are there any specific concerns you have about the student returning to College?

3. Is there any other information we should know for the student's successful return to College?

Provider Name:

Profession/License No.:

Address:

Signature:

Date: