



CARTHAGE  
COLLEGE

**HEALTH AND COUNSELING CENTER  
AUTHORIZATION TO RELEASE OUT OF CLASS NOTICE**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Missed Class Dates:** \_\_\_\_\_ **Are you an Athlete:** \_\_\_\_\_

**I hereby authorize and request:** Carthage College Health and Counseling Center  
2001 Alford Park Drive  
Kenosha, WI 53140  
262.551.5710

**To Release the following information: Out of Class Notice**

**To: Dean of Students staff (Dr. Kimberlie Goldsberry , Nick Winkler, Melissa Burwell)  
Athletics (Nate Stewart, Kelsey Peterson, Jake Dinauer) only if an Athlete**

- Advisor's Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Professor's Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Professor's Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Professor's Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Professor's Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Professor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for request: Out of class notice for medical reasons**

I understand that my records are protected by Federal and State Confidentiality regulations and cannot be disclosed without my consent. I understand that I have the right in inspect and receive a copy of the disclosed information.  
I understand that this consent will be in effect for 90 days unless otherwise noted: \_\_\_\_\_  
I understand that I may revoke this authorization at any time except to the extent that action has already been taken.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HCC Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice will be sent upon return of completed form and medical documentation excusing the absence via email to: [health@carthage.edu](mailto:health@carthage.edu)**