

"I have applied for admission to the University of St. Thomas for the academic term beginning \_\_\_\_\_, and I authorize

\_\_\_\_\_ to release the following information." \_\_\_\_\_  
 Name of College/University Student Initials

The student named above has applied for admission or readmission to the University of St. Thomas. This form must be on file before the student will be considered for admission or readmission. Please complete the following questions.

No

• Do you know of any other behavioral issues or concerns regarding this student's attendance at your institution?

Yes

No

• Additional comments that may be helpful:

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Name of Institution