**Pipeland Medical Practice**

**Largo Road, St Andrews**

**University of St Andrews’**

**STUDENT MEDICAL CONSENT FORM**

You must present the completed form along with payment of £35 at the GP practice **BEFORE** your letter will be written

Please tick one of the following options:

I, ………………………………, will collect my medical letter **in person**

I, ………………………………, would like my medical letter **sent to me by post** (please provide current address in the space below)

I, ………………………………, consent to my medical records being **sent directly by post to Student Services**, University of St Andrews

Signature: ………………………………………………………………………… Date: ………………………………………..

Print name: ……………………………………………………………………... Date of Birth: ………………………….

Postal Address: ……………………………………………………………………………………………………………………..

Additional details to GP (please advise what information is needed): ……………………………………

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**For use by University of St Andrews - Student Services**

Approved by: ...................................................... Date: ....................................................

Print name: ......................................................... Designation: .........................................