



FLORIDA ATLANTIC UNIVERSITY

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Please read the following information before completing this form.

- 1) If you need immunization records, check the immunization records line only.
- 2) If you need only certain parts of your records, check partial record line and specify what is needed. Most private physicians and clinics only require recent lab work or other records.
- 3) The charge for copying records is \$1.00 for the first page and \$0.50/page thereafter.
- 4) Please allow 1-3 business days for copies to be made.

I request and authorize: Florida Atlantic University, Student Health Services
 777 Glades Road, Bldg SS-8W, Room 240
 Boca Raton, Florida 33431

To release my medical information to: _____ Will pick-up in person
 _____ Please mail to address noted
 _____ Please fax to # _____

Records requested: Immunization records
 Partial record, as specified: _____
 Other: _____

The following records require individual authorization for release:
 Check information you would like disclosed, then sign after the item on the line.

- Mental Health Records _____
 Drug/ Alcohol Treatment _____

HIV/ AIDS (will only be released to patient/student) _____

I understand that this authorization is valid for 90 days after the date of my signature. I also understand that this authorization can be revoked, except to the extent that action has already been taken to comply with it. Information documented in my record after the date of my signature will not be released.

I understand that the information released cannot be redisclosed by Florida Atlantic University Student Health Services unless I specifically authorize such a release in writing (with the exception of subpoenas and court orders).

Name: _____
 (Please Print)

Student ID/Z#: _____ Telephone: _____ Date of Birth: ____/____/____

Address: _____

Signature: _____ Date: ____/____/____

ID Checked	Date Picked Up
Staff Initial	Date Mailed
	Date Faxed

Student Health Services

777 Glades Road, Bldg SS-8W, Room 240, Boca Raton, FL 33431
 tel: 561.297.6515 • fax: 561.297.0494 • health@fau.edu • www.fau.edu/shs