



UNIVERSITY OF NORTH CAROLINA WILMINGTON
Student Health Center

RELEASE OF INFORMATION

Student Name, Date, Student ID #, Date of Birth, Phone #, Date(s) at UNCW, Release to, Address, Fax Number

- checkbox This is a one-time authorization.
checkbox This authorization will be in effect for one (1) year unless revoked.

I give the Student Health Center permission to release the following information to the person or group listed above (initial where applicable):

Immunization & Medical History Form
Immunization Record Only
Laboratory Records of
Information regarding specific condition, illness, or incident:

Note: You will need to fill out a separate Release for each condition/illness/incident.

Medical Record checkbox complete checkbox selected summary
Other:

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal regulations. I understand that by sending information by facsimile (fax), it may be subject to viewing by unauthorized persons.

Signature of Patient Date

Signature of Witness Date

Office Use Only Below Line

Staff Person Releasing Information: Date:

Information released via: checkbox Mail checkbox Fax checkbox Copy to patient checkbox Phone SHC rev 05/15