



**HEALTH
SERVICES**

Skidmore College

815 North Broadway, Saratoga Springs, NY 12866

Phone: 518-580-5550 Fax: 518-580-5556 e-mail: health@skidmore.edu

RELEASE OF INFORMATION

I hereby authorize the release of the following information:

- | | | |
|---|--|--|
| <input type="checkbox"/> TB Testing results | <input type="checkbox"/> Visit notes _____ | <input type="checkbox"/> Communication around care |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> Lab Results _____ | <input type="checkbox"/> Urgent Care/ED records |
| <input type="checkbox"/> Most recent physical | <input type="checkbox"/> Radiology _____ | Date(s): _____ |
| <input type="checkbox"/> Demographic page | <input type="checkbox"/> Other: _____ | |

Information to be released:

☐ To

☐ From

Name: SKIDMORE COLLEGE HEALTH SERVICES

Information to be released:

☐ To

☐ From

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax Number: _____

Expiration Date: _____

This is a specific authorization, may not be extended for any other purpose, and is at the request of the individual named below.

Legal Student Name (Please PRINT: _____

Preferred Student Name (Please PRINT): _____

Student Date of Birth: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

☐ Verbal/Telephone Consent Given