

Student Health Services



A.H. Ray Building, Suite 244
601 S. Martin Luther King Jr. Drive
Winston Salem, NC 27110
Business-336-750-3301 Fax-336-750-3303

AUTHORIZATION FOR THE RELEASE/REQUEST OF INFORMATION

I hereby authorize the Winston-Salem State University's Student Health to Release/Request medical information:

Information Request: _____ **Information Release:** _____

Date: _____

TO: (SELF/FACILITY) _____

ATTN: (SELF/FACILITY) _____

ADDRESS: (SELF/FACILITY) _____

PHONE: (SELF/FACILITY) _____ FAX: _____

STUDENT'S DOB: _____ BANNER #: _____

STUDENT'S NAME (INCLUDE MAIDEN NAME IF APPLICABLE): _____

DATES (S) OF TREATMENT (IF APPLICABLE): _____

Reason for Request: _____

REQUESTED INFORMATION: _____ Depo Administration Record _____ Lab Results _____ Immunization
_____ Medical Records _____ Physical Exam _____ X-Rays Report _____ Other _____

METHOD OF RELEASE: _____ Mail to address given _____ Fax to number given _____ Release to Student

STUDENT STATUS: _____ Current/Returning Student _____ Graduate _____ Transferring to another school

**Please provide date(s) of treatment above for medical information that you are requesting, except immunization records. **This form and all Information will expire in 120 days.*

SIGNATURE: _____ DATE: _____

Witness: _____ DATE: _____

CONFIDENTIALITY NOTICE

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If you are not the intended recipient or the employee or agency responsible for delivering this communication to the intended recipient, you are hereby notified that any reading, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone (336) 750-3301. Please submit all completed forms to:

studenthealth@wssu.edu

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