



A.H. Ray Student Health Center, Room 244  
Student Health Services  
601 Martin Luther King Jr. Drive  
Winston-Salem, NC 27110

Phone (336) 750-3301  
Fax (336) 750-3303

### RECORDS REQUEST FORM

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

RE: \_\_\_\_\_  
STUDENT'S NAME  
\_\_\_\_\_  
DATE OF BIRTH  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
MAIDEN NAME (IF APPLICABLE)  
\_\_\_\_\_  
DATE (S) OF TREATMENT (IF APPLICABLE)

The above named student is presently enrolled at WSSU and is requesting your cooperation in furnishing us with the records checked below.

\_\_\_ IMMUNIZATION      \_\_\_ MEDICAL HISTORY      \_\_\_ PHYSICAL EXAM  
\_\_\_ PROGRESS REPORT      \_\_\_ DISCHARGE SUMMARY      \_\_\_ PATHOLOGY REPORT  
\_\_\_ LABORATORY REPORT      \_\_\_ X-RAY REPORT      \_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize you to release the above request information to Winston-Salem State University's Student Health Services.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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