



Student Health Services
1050 Union University Drive, Box 1806
Jackson, TN 38305-3697

Phone: (731) 661-5284
Fax: (731) 661-5499

Date: _____

To: _____

Phone: _____

Fax: _____

RE: Authorization to Release Patient-Related Form

Comments: Please complete information areas below. Sign form and return to the Student Health Clinic at the above address.

Name: _____ (Please Print)

Signature: _____

Social Security Number: _____

Year of Graduation: _____

Please Check Records Needed: **Immunization Record**
 Health History Report

Mail Records To: (Records may be faxed if under 5 pages)

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