## Wake Forest University Student Health Service P.O. Box 7386 Winston-Salem, North Carolina 27109 336-758-5218 FAX 336-758-6054

## MEDICAL RECORD INFORMATION RELEASE FORM

	al: (Last)	(First)	(Middle)
2. WFU ID #:		te:	Cell Number:
3. Circle A <u>or</u> B.		MO DAY YR	
	iness days for records to be one enclosed information be kept		Student Health Service release information, with
Provide add	lress where records can be mo	uiled if not picked up within 5 d	days:
(1	Name)		
(4	Address)		
((	City)	(State)	(Zip)
B. I request that	information be released <b>to</b> W	/FU Student Health Service from	m:
(1	Name)		
(1	Address)		
<del>-</del>			
	City)  of record or specific informat	(State) ion to be released:	(Zip)
4. Describe portion  HIV, Mental H released throug	ealth and Drug and Alcoholy this authorization unless of V testing	ion to be released:	e parts of the records indicated above will be lease:Drug & Alcohol
4. Describe portion  HIV, Mental H released throug  HI (initials)	tealth and Drug and Alcoholy this authorization unless of testing (initials)	ion to be released:  I information contained in the therwise indicated. Do not re	e parts of the records indicated above will be lease:  Drug & Alcohol (initials)
4. Describe portion  HIV, Mental H released throug  HI (initials)	tealth and Drug and Alcoholy this authorization unless of testing (initials)	ion to be released:  I information contained in the therwise indicated. Do not re Mental Health (Psychiatric)	e parts of the records indicated above will be lease:  Drug & Alcohol (initials)
HIV, Mental H released throug (initials)  5. Reason for released through the second for released through the second for released that I must be second for the second for the second for released that I must be second for the second for the second for the second for released the second for th	tealth and Drug and Alcohologh this authorization unless of testing (initials)  se of information:  of release pertains only to thay revoke this authorization unless of the control of th	ion to be released:  I information contained in the therwise indicated. Do not reducted Health (Psychiatric)  the above specified information at any time in writing.	e parts of the records indicated above will be lease: Drug & Alcohol (initials)  on and to the above specified parties. I also he revocation will not apply to information
4. Describe portion  HIV, Mental H released throug (initials)  5. Reason for relea  This authorization of understand that I means the second s	tealth and Drug and Alcohologh this authorization unless of testing (initials)  se of information:  of release pertains only to thay revoke this authorization unless of the control of th	ion to be released:  I information contained in the therwise indicated. Do not replace indicated in the thermise indicated. Do not replace in the above specified information at any time in writing. To tion will remain valid until remain vali	e parts of the records indicated above will be lease: Drug & Alcohol (initials)  on and to the above specified parties. I also he revocation will not apply to information
HIV, Mental H released throug HI (initials)  5. Reason for relea  This authorization of understand that I in that has already been the date of this sign	tealth and Drug and Alcohologh this authorization unless of testing (initials)  se of information:  of release pertains only to thay revoke this authorization unless of the control of th	ion to be released:  I information contained in the therwise indicated. Do not replace indicated. Do not replace indicated information at any time in writing. To tion will remain valid until remain valid until remain valid until remain. Date:	e parts of the records indicated above will be lease: Drug & Alcohol (initials)  on and to the above specified parties. I also he revocation will not apply to information evoked or upon expiration of one year from