



Student Health Services

2000 Pennington Road, Ewing, NJ 08628-0718
Phone: 609-771-2889 Fax: 609-637-5131
Email: health@tcnj.edu

OFFICE USE ONLY

Record was faxed / mailed as requested on _____

Given to student on: _____ Picture ID verified:

#pages _____ Fee: _____ Pd by: Cash Check Get It

Visa MC Discover

No records found. Student notified on: _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Complete all sections of this Authorization as appropriate to your request.

Name: _____ **Birthdate:** _____
(first) (middle initial) (last) (mo/day/yr)

Status: Current student. Phone #: (____) _____

Former student. Date exited TCNJ: _____ PAWS ID #: _____
(month/year) (if known)

Name while attending TCNJ if different than above: _____

ACTION REQUESTED I hereby authorize Student Health Services at The College of New Jersey to take the following action:

Fax a copy of **My Health Information** to me. My fax number is (____) _____.

Mail a copy of **My Health Information** to me at _____
(street address) (apt)

(city) (state) (zip code)

I will pick up a copy of **My Health Information** in Student Health Services. (We will notify you when ready; bring Drivers' License for ID)

Fax a copy of **My Health Information** to:

(name of person or entity) FAX: (____) _____

For this Authorization, "**My Health Information**" means: (check one or more)

- Immunization records* Physical Examinations
- TB (Tuberculosis) Test Record* Record of Office Visits & Progress Notes
- Diagnostic Test Results (lab, x-rays & other test results) Other: _____

For the date(s) of service from _____ to _____ (records will be provided for all service dates if left blank)
(insert date(s) of service requested)

***Requesting Immunization Records and TB Test Records:** The majority of record requests we receive are for Immunizations and TB tests. Students who entered TCNJ on or after January 2008 can obtain these records on the portal, OWL, at <https://tcnj.medicatconnect.com/>. After logging in, go to the Immunizations page and click the Print History button.

FEE: Immunization records: No charge. TB test records: No charge. All else: \$10.00 for 1-10 pages; \$1.00 each additional page after 10 pages. We will call or email you with the total cost after your record is retrieved.

AUTHORIZATION:

I understand that:

- This authorization is voluntary. I may revoke/withdraw this Authorization, except to the extent that action has been taken prior to receipt of the revocation/withdrawal.
- Once My Health Information is disclosed as requested, it may no longer be protected by federal and state privacy laws, and could be re-disclosed by the person(s) receiving it.
- The medical information may contain information related to HIV status, sexually transmitted diseases, mental health, drug & alcohol abuse, pregnancy, etc.
- This authorization is exclusive to health information records maintained by TCNJ Student Health Services. If health record information is needed from Counseling & Psychological Services (CAPS), Athletics, Alcohol & Drug Education Program (ADEP), Anti-Violence Initiatives (AVI), Planned Parenthood at TCNJ, School of Nursing, Health & Exercise Science, etc, you must contact that particular office.

Signature of Student (handwritten): _____

Date: ____/____/____
(Required)