**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:

[](http://www.tcnj.edu/)

Student Health Services

**2000 Pennington Road, Ewing, NJ 08628-0718**

**Phone: 609-771-2889 Fax: 609-637-5131**

**Email: health@tcnj.edu**

**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:

FAX: ( **)**

(name of person or entity)

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

|  |  |
| --- | --- |
| ⬜ Immunization records\*  ⬜ TB (Tuberculosis) Test Record\*  ⬜ Diagnostic Test Results (lab, x-rays & other test results) | ⬜ Physical Examinations  ⬜ Record of Office Visits & Progress Notes  ⬜ 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 graduated from TCNJ within the past 10 years 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.

**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 & Prevention Services (CAPS), Athletics, Alcohol and Other Drug Support Services (AODS), Anti-Violence Initiatives (AVI), School of Nursing and Health Science, etc, you must contact that particular office.

Signature of Student (handwritten): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

(Required)