

Rose Hill UHS  
441 East Fordham Rd  
Bronx, NY 10458  
Phone: 718-817-4160  
Fax: 718-817-3218  
health@fordham.edu

FORDHAM UNIVERSITY HEALTH SERVICES  
RELEASE OF MEDICAL RECORDS FORM

Lincoln Center UHS  
140 W 62<sup>nd</sup> Street  
NY, NY 10023  
Phone: 212-636-7160  
Fax: 212-636-7164  
health@fordham.edu

**Information about you:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ FIDN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile # \_\_\_\_\_ E-mail \_\_\_\_\_ CAMPUS \_\_\_\_\_

Student Status: (please circle) Undergrad Graduate Alumni

**Release of Information From:**

**I authorize release of my medical records from:**

\_\_\_\_ Fordham University Health Services OR \_\_\_\_ other (Specify) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

**Release of Information To:**

**I authorize release of my medical records to:**

\_\_\_\_ Fordham University Health Services OR \_\_\_\_ other (Specify) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

**Reason for Release:**

\_\_\_\_ Patient's personal records, \_\_\_\_ Transfer of Care, \_\_\_\_ Sharing with other provider

\_\_\_\_ Other (Please Describe): \_\_\_\_\_

**Records Requested for Release: (check those that apply)**

\_\_\_\_ Entire record, \_\_\_\_ Immunization records, \_\_\_\_ Lab results, \_\_\_\_ Most recent physical

\_\_\_\_ Clinic Visit from: (date) \_\_\_\_\_, Other Information: \_\_\_\_\_

**Release of Sensitive Information:**

I hereby authorize \_\_\_\_\_ to release the records as described above.

This authorization is valid for one year from the date below. I also release Fordham University Health Services from any liability or legal responsibility in connection with the release of the above information.

\_\_\_\_\_  
Patient Signature                      Guardian Signature (if under 18)                      Witness                      Date

**Below is for Fordham UHS Use Only**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Initial: \_\_\_\_\_ Mailed: \_\_\_\_\_ Fax: \_\_\_\_\_

Pick up: \_\_\_\_\_