



Student Health Services  
 2083 Lawrenceville Rd  
 Lawrenceville, NJ 08648  
 T 609-896-5060  
 F 609-895-5682  
[healthcenter@rider.edu](mailto:healthcenter@rider.edu)

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
 (First) (Middle Initial) (Last) (Month/Day/Year)

**Status**  Current student Phone number: \_\_\_\_\_  
 Former student Last year attended Rider: \_\_\_\_\_ BRONC ID #: \_\_\_\_\_

Name while attending Rider if different than above: \_\_\_\_\_

**ACTION REQUESTED** I hereby authorize Student Health Services at Rider University to take the following action:

Fax a copy of **My Health Information** to \_\_\_\_\_ Fax number: \_\_\_\_\_  
 (Name of person or entity)

Mail a copy of **My Health Information** to: \_\_\_\_\_  
 (Name of person or entity)  
 \_\_\_\_\_  
 (Street address)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

I will pick up a copy of **My Health Information** in Student Health Services.

Verbal or written exchange between Student Health Center and \_\_\_\_\_  
 (Name of person or entity)

For this Authorization, "**My Health Information**" means: (check all that apply):

- Immunization records
- TB (tuberculosis) Test Record
- Diagnostic Test results (labs, x-rays)
- Physical Examinations
- Record of Office Visits & Progress Notes
- Other: \_\_\_\_\_

For the dates of service from \_\_\_\_\_ to \_\_\_\_\_  
 (Insert date(s) of service requested)

**AUTHORIZATION:**

I understand that: this authorization is voluntary. I may revoke/withdraw this authorization, except to the extent that action has already been taken prior to receipt of the revocation/withdrawal. Once My Health Information is disclosed as directed, 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.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



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\*\*\*Please allow 48 – 72 hours for processing\*\*\*