POINT PARK
UNIVERSITY
Student Health Center

201 Wood Street Pittsburgh, PA 15222 ATTN: Student Health Center
Phone: 412-392-3800 | FAX: 412-392-3801 | www.pointpark.edu

Permission to release Medical Information

I, _____ , give my permission to disclose medical
(student – print name)
information (including documented information such as, but not limited to: date/time of visits, chief complaint, assessment details, plan of treatment) from my Point Park University Student Health Center chart to the following individual(s):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

* If this is a request for immunization records to be mailed to another educational institution, please provide their mailing information below:

Name of School: _____

Mailing Address: _____

_____

Student's signature: _____ Date: _____