



**SUNY
CORNING**
COMMUNITY COLLEGE
HEALTH OFFICE

1 Academic Drive
Corning, NY 14830
Phone: 607-962-9257
Fax: 607-962-9248
healthoffice @corning-cc.edu

Authorization to Release Medical Information

By signing below I authorize you to release my protected health information, as specified below, to the agency listed on this form. I understand that I may withdraw this authorization at any time and that my information will only be shared as I have requested.

Student Name: _____ Date of Birth _____

Address: _____

City / State / Zip Code: _____

Date of Request: _____

<input type="checkbox"/> I authorize SUNY Corning Community College Health Office to release information to: _____ Name of Provider or Facility _____ Address _____ City / State / Zip Code _____ Phone # _____ Fax #	<input type="checkbox"/> I authorize SUNY Corning Community College Health Office to obtain information from: _____ Name of Provider or Facility _____ Address _____ City / State / Zip Code _____ Phone # _____ Fax #
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Type of records requested: Immunizations only Health Office visit notes Other: _____

Authorization Valid For: This Request only, OR Specify date authorization will expire: _____

Signature of student or representative: _____ Date: _____

Relationship to student (if request is made by a parent or legal guardian; _____