



PRINT FULL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AU ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ CURRENT STUDENT?

CELL: \_\_\_\_\_ FORMER STUDENT, LAST SEMESTER AT AU: \_\_\_\_\_

I, THE UNDERSIGNED, REQUEST AND AUTHORIZE: AMERICAN UNIVERSITY - STUDENT HEALTH CENTER  
 4400 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20016  
 TEL: 202-885-3380 FAX: 202-885-1222

TO RELEASE MY MEDICAL RECORDS TO MYSELF (TO ADDRESS ABOVE)

TO RELEASE MY MEDICAL RECORDS TO:  TO REQUEST MY MEDICAL RECORDS FROM:

DOCTOR'S OR FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE EMAIL ME A COPY OF MY IMMUNIZATIONS RECORD ONLY TO THE FOLLOWING EMAIL ADDRESS: \_\_\_\_\_

**CHOOSE ONE OF THE FOLLOWING OPTIONS FOR YOUR REQUEST:**

ALL MEDICAL RECORDS (This request takes a longer turnaround time)

ONLY THE FOLLOWING VISIT DATE(S): \_\_\_\_\_

LAB REPORT(S) ONLY THE FOLLOWING VISIT DATE(S):  
 \_\_\_\_\_

DELIVER VIA:  FAX  MAIL  HOLD FOR PICK UP (PHOTO ID REQUIRED)

**\*\*PAYMENT NEEDS TO BE PROCESSED PRIOR TO DELIVERY\*\***

Charges to duplicate record: \$1.00 per page, up to 10 pages  
 \$15.00 for more than 10 pages

I authorize and request for my sole benefit the release of medical information, which is a part of my file at American University – Student Health Center. This does not constitute blanket permissions for release of such information for an infinite period of time and is limited to this instance only. I understand that I may pick up a copy of my medical records in person, or they may be faxed, or sent via US Mail. I hereby completely and fully release and discharge American University of any and all liability for furnishing the information requested.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (hand-written signature ONLY, e-signatures will NOT be processed)

**\*\* OFFICE USE ONLY\*\***

PSR Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Mailed Faxed Picked-up

Once completed and signed email the request to: [SHC@american.edu](mailto:SHC@american.edu)