



Student Health Services

Cnr Walsh and Albany Streets, P.O Box 56, Dunedin 9054

Phone 03 479 8212

Fax 03 479 8106

AUTHORITY TO RELEASE HEALTH RECORDS

Name: _____

Address: _____

D.O.B: _____ Student ID: _____

Will you be returning to Otago University next year? _____

I give permission for my health records to be forwarded to:

GP: _____

GP Practice Address: _____

OR

I request a copy of my health records (please circle below)

I will pick up

Please send to address above

Signature: _____ Date: _____

ID Checked (Reception to initial and date)

Collection of Notes (Student to sign and date when notes have been collected)

Signature: _____ Date: _____

ID Checked (Reception to initial and date):

SH Clinical Staff Member Only	
Date Reviewed: _____	Signature: _____
SH Admin Only	
Date actioned: _____	Staff member: _____