



# Student Health Services

Cnr Walsh and Albany Streets

Dunedin 9016

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? \_\_\_\_\_

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### 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

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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: _____