



Student Health Services
524 West 59th Street Room L67.01NB
New York, New York 10019

T. 212-237.8052
F. 212.237.8026
Healthoffice@jjay.cuny.edu

Authorization for Release of Medical Information

I, _____ hereby authorize John Jay College of Criminal Justice to release my medical information to:

Name: _____
Address: _____
Fax #: _____

The following information from my medical records:

_____ Immunization Record
_____ Other: _____

For the purpose of: _____ school requirements for registration

Please: _____ Mail _____ Fax _____ Pick up

I understand that the information released cannot be disclosed by the person or institution named above unless I specifically authorize such a release in writing and **provide current photo Identification.**

I also understand that there is a **\$7.00 fee (money order only)** for non-CUNY schools.

Name: _____
SS#: _____
Telephone _____ Date of Birth: _____

Signature of Student: _____ Date: _____

John Jay College of Criminal Justice
524 West 59th Street, Room L67.01NB
New York, New York 10019
Telephone: 212-237-8052/3 Fax: 212-237-8026
healthoffice@jjay.cuny.edu

For Health Center Staff Only

Date Photo of ID Checked	Date Pick Up
Staff Initials	Date Mailed
	Date Faxed

