College of Staten Island
The City University of New York
Health & Wellness Services

Health & Wellness Services
2800 Victory Blvd • Bldg 1C, Room 112
Staten Island, NY 10314

Telephone 718.982.3045
Fax 646.664.3987
TTY 718.982.3315

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT:

_____ _____ _____
Last name *First name* *Maiden name, if applicable*

_____/_____/_____ _____ Status: ☐ Current student ☐ Former student
Date of birth *EMPL ID#* *Date of exit:* _____/_____/_____

Complete section *A* or *B*. All requestors to complete section *C*.

A **I request CSI Health & Wellness services to take the following action:**

☐ Fax or email a copy of my health information to me at: _____
My fax number or email address

☐ Mail a copy of my health information to me at: _____
Address

_____
City *State* *Zip Code*

☐ I will pick up a copy of my health information at the Health Center (1C-112)

☐ Fax or email a copy of my health information to: _____
Name of person or entity

_____
Fax number or email address

Note: Verification of picture identification is required prior to the release of information.

B **I request the person or entity listed below to release information to CSI Health & Wellness Services.**

From: _____
Name of person or entity

To: College of Staten Island
Health & Wellness Services
2800 Victory Blvd
Building 1C, Room 112
Staten Island, NY 10314

Telephone: 718.982.3045
Fax: 646.664.3987
Email: healthcenter@csi.cuny.edu

C ***Specific information for release:***

☐ Immunization Record ☐ Lab Results ☐ Physical ☐ Medical Record

☐ Other: _____
Please describe

The question of privacy between the institution, provider, and student is waived.
This authority extends to the furnishing of copies of all or any desired parts of the Health Center medical record.

_____ _____/_____/_____
Signature of requestor *Date*

If requestor is not the student: _____ _____ _____
Last name (please print) *First name (please print)* *Relationship to student*

FOR OFFICE USE ONLY:

Date received: _____/_____/_____	Date processed: _____/_____/_____	Photo ID verified by: _____

5/2024