



D'YOUVILLE COLLEGE HEALTH CENTER
505 PROSPECT AVE., BUFFALO, NY 14201
PHONE: (716) 829-7698
FAX: (716) 829-7646

RECORDS RELEASE

I hereby authorize release of information in my medical record

FROM: D'Youville College Health Center
505 Prospect Ave.
Buffalo, NY 14201
716-829-7698
716-829-7646 – fax

TO: _____
Name or Office

Street

City State Zip Code

FAX Number

ATTN: Medical Records:

Client Name: _____
Client SSN: _____
Client Birthdate: _____
Signature of Client (REQUIRED): _____
Date of Request: _____
Witness: _____

INFORMATION REQUESTED (Please be specific):

- Copy of Immunizations
- Copy of Tuberculosis Test
- Review medical records/immunizations
- Other (please specify)
- Copy of Physical
- Copy of All Medical Records

****PLEASE ALLOW 24 TO 48 HOURS FOR RECORDS****