

STATE UNIVERSITY OF NEW YORK – MARITIME COLLEGE HEALTH SERVICES

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION

NOTE: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify in accordance with the Privacy Act of 1974. Disclosure is voluntary. However, if the information is not furnished, we may not be able to comply with your request. **Please provide valid proof of identification with this document (school id, driver’s license, passport).** Form can be faxed to (718) 409-5901.

TO:		NAME (Type or print)	
		DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME AND ADDRESS OF ORGANIZATION AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			

INDIVIDUAL’S REQUEST

I Hereby request and authorize the State University of New York-Maritime College to release the following information from the records identified above to the organization, agency, or individual named hereon:	NAME
INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates – period from and to – covered by each)	
PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED	
DATE	SIGNATURE AND ADDRESS OF CLAIMANT, OR FIDUCIARY, IF CLAIMANT IS INCOMPETENT