University of North Florida, Student Health Services
1 UNF Drive, Bldg 39A, Jacksonville, Fl 32224 * Phone: (904) 620-2900 * Fax: (904) 620 2902

Authorization for Use, Disclosure, and Release of Health Information

Patient Name: Last First MI

Date of Birth:

Student ID Number:

I hereby authorize: To Release Information to:

(Name and Address of Releasing Facility) (Individual Name, Facility/Organization and Address)

Student Health Services

1 UNF Drive, Bldg. 39A, Room 2098

Jacksonville, FL 32224

PURPOSE OF DISCLOSURE:

' Continuing care
' Payment of Claim
' School
' Worker's Compensation
' Legal
' For 0 Td [(T)14.7 (o)11 (a)-9.6 (si)-/LBody << 0 Td [(T)14.7