



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Student Wellness Services

Florham
Campus
285 Madison Ave
Madison, NJ 07940
973-443-8535

Metropolitan
Campus
1000 River Rd
Teaneck, NJ 07666
201-692-2437

Release of Medical Records Request

Please release a copy of my (select all that apply): Medical Record ☐ Immunization Record ☐

Forward this form to: Office of Health Wellness (OHW) | Office of Mental & Emotional Wellbeing (OMEW)

SWS Medical Records Request or fax to 973-443-8174 (Florham Campus-OHW/OMEW)
medrecsrequest@fdu.edu 201-692-2642 (Metro Campus-OHW)
201-692-2669 (Metro Campus-OMEW)

Requested by: _____
(Print name)

(Signature)

(Date)

Guardian

Signature: _____
(Print name)

Only required if you are under
18 years of age.

(Signature)

(Date)

Authorization: I authorize _____ to use/disclose my medical records.

I furthermore release all parties stated herein from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

This release is valid for 30 days and can be revoked at any time in writing. This form is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged by law. All others are hereby notified that receipt of this message does not waive any applicable privilege of exemption from disclosure and that any dissemination, distribution, or copy of this communication is prohibited. If you have received this communication in error, please notify us immediately at the telephone number shown above. Thank you.