400 Paramus Road
Paramus, New Jersey
07652-1595
(201) 447-9257
Fax (201) 447-0327

**The Center for Health Services, Wellness and Personal Counseling**

# CONSENT FOR RELEASE OF INFORMATION

I _____, authorize Bergen Community College Health Services to release my health and/or immunization records to me _____-or at this address or to this fax number.

Address: _____

_____

_____

Fax number: _____

I understand that I should make and keep a copy of these records for future use, as the Health Center will not keep my records beyond 7 years.

I hereby release Bergen Community College Health Services from all legal responsibility or liability that may arise from the act I have authorized above.

_____ _____
Student's signature Date

_____ _____
SS# Or Student ID# Date of birth

_____ _____
Telephone number you can be reached Maiden or any former last name

_____
Year you left or graduated Bergen Community College

Please sign the above authorization and return to Bergen Community College Health Services. Information will not be released until this is properly signed and authorization has been received. If you have any questions concerning this authorization, please call the Health Services Office.

08/10