

HEALTH SERVICES

RELEASE OF INFORMATION

		ne following informatio	n:		
☐ TB Testing ☐ Immunizations		X-ray Reports			
GYN Physical Exam (office note),		Lab Reports Other			
	c, cultures/lab results				
- 0					
Information	to be released:	<u></u> То	From:		
Name:	Skidmore College				
Address:	815 North Broadway				
	Saratoga Springs				
	New York 12866				
Telephone:	(518) 580-5550	Fax Number: (518) 580-5556			
<u>Information</u>	to be released:	По	From		
Name:					
Address:					
City/State/Zi	p:				
Telephone:		Fax Numbe	Fax Number:		
Expiration D	oate:				
_	ecific authorization, pof the individual nar		or any other purpose, and i	is at	
Student Nam	ne (Please PRINT): _				
Student Sign	ature:		Date:		
Witness Sign	nature:		Date:		
Student Birth	n date:	Grad	luates Class Year:		
☐ Verbal/T	Telenhone Consent				