FIU | Student Health Services

FLORIDA INTERNATIONAL UNIVERSITY

MMC Phone: (305) 348-2688 Fax: (305) 348-3336
BBC Phone: (305) 919-5675 Fax: (305) 919-5312

AUTHORIZATION FOR RELEASE OF IMMUNIZATION INFORMATION

I, _____, hereby authorize FIU Student Health Services to release (mail and/or fax) immunization information from my records to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Phone: _____ Fax: _____

The purpose or need for the information is:

_____ Proof of immunization for school

_____ Other (specify) _____

I may be contacted at the following number: _____

I understand that this authorization is valid for 90 days after the date of my signature. I also understand that this authorization can be revoked, except to the extent that action has already been taken to comply with it. Information documented in my record after the date of my signature will not be released.

***Photo ID must be attached to this form.**

_____ _____ _____

Date Panther ID Signature of Student or Legal Guardian (if under 18 years)

_____ _____

Date of Birth Legal Representative's relationship to Student

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Date released from FIU Student Health Services: _____ / _____ / _____

Sent via: ☐Fax ☐Mail Initials_____