AMERICAN UNIVERSITY
WASHINGTON, DC

STUDENT HEALTH CENTER

AUTHORIZATION TO RELEASE MEDICAL RECORDS

PRINT FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AU ID#: _____ DOB: _____ CURRENT STUDENT? ☐

CELL: _____ FORMER STUDENT, LAST SEMESTER AT AU: _____

I, THE UNDERSIGNED, REQUEST AND AUTHORIZE: AMERICAN UNIVERSITY - STUDENT HEALTH CENTER
4400 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20016
TELL: 202-885-3380 FAX: 202-885-1222

☐ TO RELEASE MY MEDICAL RECORDS TO MYSELF (TO ADDRESS ABOVE)

☐ AUTHORIZATION FOR SHC STAFF TO COMMUNICATE WITH: _____
(FIRST AND LAST NAME)

☐ TO RELEASE MY MEDICAL RECORDS TO: ☐ TO REQUEST MY MEDICAL RECORDS FROM:

DOCTOR'S OR FACILITY NAME: _____

ADDRESS: _____

TEL: _____ FAX: _____

CHOOSE ONE OF THE FOLLOWING OPTIONS FOR YOUR REQUEST:

☐ ALL MEDICAL RECORDS (This request takes a longer turnaround time)

☐ ONLY THE FOLLOWING VISIT DATE(S): _____

☐ LAB REPORT(S) ONLY THE FOLLOWING VISIT DATE(S):

_____

DELIVER VIA: ☐ FAX ☐ EMAIL ☐ MAIL ☐ HOLD FOR PICK UP (ID REQUIRED)

I ACKNOWLEDGE THAT EMAIL IS NOT A SECURE METHOD FOR TRANSMITTING MEDICAL RECORDS.
PLEASE EMAIL ME A COPY OF MY IMMUNIZATIONS RECORD ONLY TO THE FOLLOWING EMAIL ADDRESS:

_____

I authorize and request for my sole benefit the release of medical information, which is a part of my file at American University – Student Health Center. This does not constitute blanket permissions for release of such information for an infinite period of time and is limited to ***this instance only***. I understand that I may pick up a copy of my medical records in person, or they may be faxed, or sent via US Mail. I hereby completely and fully release and discharge American University of any and all liability for furnishing the information requested.

Patient's Signature: _____ Date: _____

(hand-written signature ONLY, e-signatures will NOT be processed)

** OFFICE USE ONLY**

PSR Initials: _____ Date: _____ Mailed Faxed Picked-up

Once completed and signed email the request to: SHC@american.edu

Revised 2025