



IONA COLLEGE • 715 NORTH AVENUE • NEW ROCHELLE, NY 10801-1890
PHONE: (914) 633-2548 • FAX: (914) 712-4102

RELEASE OF INFORMATION REQUEST FORM

I hereby authorize release of my medical record.

Please select records that you are requesting.

- Immunization Record (For transfer to another college)

Iona College-Student Health Service to forward the following information

Please indicate:

- To: _____

- Fax: _____

- THE FOLLOWING MEDICAL RECORDS REQUIRE ID and PICK UP ONLY

- Physical Examination
- Treatment Record
- Lab Report
- X-Ray Reports
- Complete Records
- Other _____

I release the Student Health Services from any liability or legal responsibility that may arise from this authorization.

Social Security # _____

Date of Birth _____

Signature _____

PRINT NAME HERE _____

Date _____

PLEASE NOTE ALL MEDICAL RECORDS ARE PROCESSED WITHIN 72 HOURS