

Consent for Release of Medical/Immunization Records
Marian University Student Health Center

In compliance with HIPPA, Marian University Student Health Center requires those students requesting medical and/or immunization records complete a **Consent for Release of Medical/Immunization Records** and return the completed form to bclarke@marian.edu.

Please complete each field below, and if you are both the requestor **and** the recipient, each section should be completed. Please be as specific as possible in the description of the information you are requesting, providing type of test, immunization, records as well as the date/semester of the record/immunization (Examples: flu vaccine documentation from fall of 2020, TB test from spring of 2021). If you have questions, please reach out to The Student Health Center at 317-955-6154, Mondays – Friday, 8 am-4 pm (EST).

Student first and last name (if applicable, please include maiden name, as well) :

Date of Birth:_____ Marian University Student ID #:_____

Years you attended Marian University:_____

*****REQUESTOR:** Medical information requested: You must be as specific as possible and provide the name of the test/vaccine/information and the date/date range of the information you are requesting (EX: TB skin test results from October of 2020/Flu Vaccine documentation from fall of 2019)

Contact information for RECIPIENT: If you (the requesting student) are the recipient as well, please include your information below. If you are requesting your records be forwarded to another (doctor's office, place of employment, ECT.) please provide the recipient contact's name and information below.

Name:_____

Company/Office:_____

Phone number:_____

Address:_____

E-mail address:_____

When completing this form and sending it to the Marian University Student Health Center, your actions indicate you give permission to the above requested information to be released to the named person or institution. You may email the form to: bclarke@marian.edu or mail it to Marian University Student Health Center, 3200 Cold Spring Road, Indianapolis, IN 46222.