**Health Service** 

Northwestern University 633 Emerson Street Evanston, Illinois 60208-4000

Phone 847-491-8100 Fax 847-491-5919



## AUTHORIZATION TO CONFIRM/VERIFY MISSED EXAMS/CLASSES DUE TO ILLNESS/INJURY

Requests for Mental/Behavioral Health records MUST be made through Counseling and Psychological Services, please call 847-491-2151.

	Date of	Birth
Name as a student (if different than above)		
E-mail_	Phone	
PLEASE RELEASE THE FO	LLOWING HEALTH INFOR	HATION:
CHECK OFF EACH ITEM TO BE RELEASED. Requests for HIV/		
Be as specific as possible:		-
X-Ray Report	Initial for release	•
X-Ray Film – Charge applies	Initial for release	of HIV/AIDS record
TB Test ResultImmunizations – Specify from Evanston or Chicago campus	record:	
Physical Examination	. 999. 51	
Lab Report(s) – List type of report(s) or approximate date(s):		
Visit Note(s) – List approximate dates:		
X Other (specify): Confirmation /verification of N	U Health Service visit(s) for reas	son of illness or injury
ENTIRE HEALTH RECORD - \$25.00 Charge applies unles	s sent to another healthcare provide	r.
	·	
Reason for requesting information (e.g. further care, insurance claim	ı, etc.):	
I AUTHORIZE THE HEALTH SERVICE TO RELI	EASE MY HEALTH INCOM	IATION TO (Pociniont):
TAUTHORIZE THE HEALTH SERVICE TO RELE	LASE WITHLALITING ONW	ATION TO (Necipient).
Name Northwestern University Academic and/or S	tudent Affairs Staff Phone	
Address	_	
City		
,		- '
FAX - 10 page maximum, student	will be contacted if request exceeds	s limit <u>X</u> Phone/Verbal
CLIDMIT TO. The front deals staff at the Northwestern I	Joseph Comica 622 Emorgon Ci	reat in Eveneten OR EAV TO
	Health Service, 633 Emerson S	reet in Evanston <b>OR FAX TO</b> :
	Health Service, 633 Emerson St	reet in Evanston <b>OR FAX TO</b> :
847-491-2137.  *A \$25.00 CHARGE APPLIES FOR A COPY OF AN ENTIRE HEAL PAYMENT MUST BE MADE PRIOR TO RECORDS BEING RELEA	TH RECORD UNLESS SENT TO ANG	OTHER HEALTHCARE PROVIDER.
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