## University of North Florida, Student Health Services 1 UNF Drive, Bldg 39A, Jacksonville, Fl 32224 \* Phone: (904) 620-2900 \* Fax: (904) 620 2902

## Authorization for Use, Disclosure, and Release of Health Information

Patient Name: Last	First	MI	
Date of Birth:			
Student ID Number:			
I hereby authorize:	To ReleaseInfo	To ReleaseInformation to:	
(Name and Address of Releasin acility)	(Individual Name, Facility/Organiz	zation and Address)	
PURPOSE OF DISCLOSURE:			
' Continuing care			
' Payment of Claim			
' School			
Worker's Compensation			
Legal			
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