Office of Student Health Services
1 Drexel Drive – Box 36
New Orleans, La.70125

Office: (504) 520-7396
Fax: (504) 520-7962

Authorization for Release of Health Information

Patient Information:

Name: _____ **D.O. B. _____/_____/_____**

ID# or SSN: _____ **Phone #: _____**

I authorize Xavier University Student Health Services to release a copy of my medical information to _____

(Name of person / facility to which disclosure is to be made)

_____

Address City State Zip code

_____ _____