

Marquette University Student Health Service  
Division of Student Affairs  
Walter Schroeder Health and Science Complex  
P.O. Box 1881 Milwaukee, WI 53201  
Phone: (414) 288-7184 Fax: (414) 288-5681

## Releasing Medical Information

This form is used only to allow SHS providers and staff members to release oral information with the written consent of the patient. A separate, completed authorization form is necessary to release paper copies of patient medical records.

I, \_\_\_\_\_, \_\_\_\_\_,  
*Please print name here* *MU ID#*

give my permission for Marquette University Student Health Service providers and/or staff members to speak to:

\_\_\_\_\_  
*Name of person to receive information*

\_\_\_\_\_  
*Relationship to patient*

\_\_\_\_\_  
*Phone number (if applicable)*

About the following information regarding the date(s) of service: \_\_\_\_\_  
*Date(s) of Service*

- Date(s) of treatment only.
- Date(s) of treatment and diagnosis.
- Specific information only (please specify in detail the information which may be released):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*