University of Otago
ŌTĀKOU WHAKAIHU WAKA

Student Health Services

Cnr Walsh and Albany Streets
Dunedin 9016
P.O. Box 56, Dunedin 9054
Phone: 03 479 8212

AUTHORITY TO RELEASE HEALTH RECORDS

Name: _____

Address: _____

D.O.B: _____Student ID: _____

Will you be returning to Otago University next year? Yes/No (Please circle) - **if yes,** you can request specific notes instead of your entire file. Please discuss with reception if this is the case.

I give permission for my health records to be forwarded to:

GP: _____

GP Practice Address: _____

_____

OR

I request a copy of my health records (please circle below)

I will pick up Please send to address above

Signature: _____ Date: _____

ID Checked (Reception to initial and date) ……

Collection of Notes (Student to sign and date when notes have been collected)

Signature: _____ Date: _____

ID Checked (Reception to initial and date): ……

SH Clinical Staff Member Only
Date Reviewed: _____ Signature: _____

SH Admin Only
Date actioned: _____ Staff member: _____