

**LONGWOOD UNIVERSITY/
POTOMAC HEALTHCARE
SOLUTIONS
STUDENT HEALTH CENTER**
201 High Street Farmville, VA 23909

Phone (434) 395-2102 Fax (434) 395-2783

Consent to release medical information

Per Incident (this is not a blanket release)

I authorize _____
(Name of individual or agency)

(Address, phone & fax)

to release my medical information concerning:

to include the dates from _____ to _____
(start date) (end date)

for the purpose of _____

to _____
(Name of individual or agency)

(Address, phone & fax)

Signature

Date

Printed Name

Date of Birth

Address

Best phone number

