



1-800-818-3434 • www.middlesex.mass.edu

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Student ID# A00 _____

Preferred Phone #: _____ E-mail address: _____

Address: _____ City: _____ State: _____ Zip: _____

RECORDS TO BE RELEASED FROM

Name: _____

Address: _____

Phone and/or Fax Number: _____

RECORDS TO BE RELEASED TO

Name: _____

Address: _____

Phone Number: _____

Please Fax to: _____

I authorize the following portions of my medical record to be released:

- All Records All test results
 Immunizations Other: _____ (please specify)
 Last physical

THIS AUTHORIZATION IS SUBJECT TO REVOCATION AT ANY TIME

Except to the extent that disclosure made in good faith has already occurred. Revocation must be made in writing.

Student's Signature _____ Date: _____

Legal Representative: _____ Relationship: _____

If student is unable to sign, signature of person authorized and relationship to student

Witness: _____ Date: _____

RETURN COMPLETED FORM TO ->

Lowell Campus Cowan Center-3rd Floor, Room 314 33 Kearney Square-Lowell MA 01852 Phone: 978-656-3235-Fax: 978-656-3421 RECORDS@middlesex.mass.edu

Student Information Center Enrollment Center 1st Floor 591 Springs Road- Bedford MA 01730 Phone: 978-656-3235 • Fax: 978-656-3421 RECORDS@middlesex.mass.edu

FOR OFFICE USE ONLY

- Records to be mailed to name and address listed above
 Records to be faxed to name and address listed above
 Records to be released to Student Staff Initials: _____