

Employee/Student Health
4th Floor Jacobsen Hall
750 East Adams Street
Syracuse, New York 13210



Telephone: (315) 464-4260/ 464-5470

Fax #: (315) 464-5471

www.upstate.edu

**RELEASE OF INFORMATION
to
SUNY Upstate Medical University**

Date of Request: _____

Name: _____ S.S#: _____

D.O.B. _____ Home Phone: () _____

(Circle One) Employee, Volunteer, Student Class: _____ Program: _____

I authorize (*provider or agency providing information*) _____

Address: _____

Phone#: _____ Fax#: _____

to release to Employee/Student Health, Upstate Medical University, 750 East Adams Street, Syracuse, New York, 13210
the following information from my medical records:

This authorization expires one year from the date signed unless otherwise specified.

Signature of Employee/Student

Witness

Date Given/Faxed: _____

Initials: _____

Colleges of: Medicine • Graduate Studies • Health Professions • Nursing • University Hospital

Improving the health of the communities we serve through education, biomedical research, and health care