

**GLOBAL EDUCATION OFFICE**  
**Authorization for the Release of Medical Records**

---

I, \_\_\_\_\_, hereby grant to Plymouth State University Health Services, as well as to physicians in private practice, in advance of my participation in a study away program and in anticipation of the possibility that I may require medical attention while away, permission to release upon written request [that may be accomplished by Fax machine] from any hospital, clinic, or physician, any and all medical records concerning me in the custody of Plymouth State University Health Services or in the custody of private practitioners. This authorization is effective upon my departure date of \_\_\_\_\_, and shall remain in effect until the date of my return, \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

