



Rare Opportunities. Shared Dreams.

400 Paramus Road
Paramus, New Jersey
07652-1595
(201) 447-9257
FAX (201) 447-0327

Health Services

Room HS100

CONSENT FOR RELEASE OF INFORMATION

I _____, authorize Bergen Community
Print student's name

College Health Services to release my health and/or immunization records to
me _____-or at this address or to this fax number.

Address: _____

Fax number: _____

I understand that I should make and keep a copy of these records for
future use, as the Health Center will not keep my records beyond 7 years.

I hereby release Bergen Community College Health Services from all legal
responsibility or liability that may arise from the act I have authorized
above.

Student's signature

Date

SS# OR Student ID#

Date of birth

Telephone number where you can be reached

Maiden or any former last name

Year that you left Bergen Community College

Please sign the above authorization and return to Bergen Community College Health
Services. Information will not be released until this is properly signed and authorization
has been received. If you have any questions concerning this authorization, please call the
Health Services Office.