

Medical Records Release of Information

Please allow up to 2 business dates for release if you are submitting by email

Date of Request: \_\_\_\_\_

Employee or Volunteer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Network Login: \_\_\_\_\_

Last 5 of SSN: \_\_\_\_-\_\_\_\_\_

Phone: \_\_\_\_\_ Work# \_\_\_\_\_

Current Employee  Current Volunteer  Former Employee or Volunteer

I hereby give you written authorization to release the following Employee Medical records

Records Requested:  TB Test  Immunizations  
 X-Rays  Laboratory Reports

Signature: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\*\*\*Medical Records will be ready within 48 hours from  
the date requested if submitted by email or fax\*\*\*