

# THE UNIVERSITY OF TEXAS AT DALLAS

PO Box 830688, SU 25 Richardson, Texas 75083-0688  
(972) 883-2747 FAX (972) 883-2069

## STUDENT HEALTH SERVICE

### RELEASE OF MEDICAL INFORMATION

With few exceptions, you are entitled on your request to be informed about the information U.T. Dallas collects about you. Under Sections 552.021 and 522.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Dallas correct information about you that is held by us and that is incorrect.

Disclosure of your Social Security Number (SSN) or UTD Identification Number is requested because it is a unique identification number which is maintained for the purpose of verifying student identification. The disclosure of such information is voluntary. Disclosure of your Social Security Number or UTD Identification Number will be governed by the Public Information Act (Chapter 522 of the Texas Government Code).

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby  
Student's Name (PLEASE PRINT)

authorize and request the **U. T. DALLAS STUDENT HEALTH SERVICE**  
to release the following information from my medical record :

To:

\_\_\_\_\_  
Name of Individual or Agency to receive the information

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION UNIVERSITY