
REQUEST FOR STUDENT RECORDS

The following form authorizes C-GCC Health Services to release the specified health records to the party of your choice. Please complete all sections accurately to ensure timely processing.

I, _____ hereby authorize **Columbia-Greene Community College, Health Services Office** to release the following:

☐ Immunization Records

☐ Other: _____

Student's name while attending C-GCC _____

Student ID Number (if available) _____

Student's Phone _____

Student's Date of Birth _____

Dates Attended C-GCC _____

Student's Signature _____

☐ Mail information to: _____

☐ Fax information to: _____

☐ Email information to: _____

☐ Student pick up

Office Use Only 7/07

Date request received: _____

Date processed: _____

Processed by: _____