



Division of Student Affairs

Rutgers University Student Wellness Center
Rutgers, The State University of New Jersey
326 Penn Street
Camden, NJ 08102-1508

<https://wellnesscenter.camden.rutgers.edu/>
Office: 856-225-6005
Fax: 856-225-6186

PLEASE CHECK BOX THAT APPLIES

I AUTHORIZE MY MEDICAL RECORD TO BE RELEASED **FROM**
RUTGERS CAMDEN STUDENT WELLNESS CENTER.

Release to: Name _____

Address: _____

Phone: _____ Fax: _____

I AUTHORIZE MY MEDICAL RECORDS TO BE RELEASED **TO**
RUTGERS CAMDEN STUDENT WELLNESS CENTER.

From Outside Provider: _____

Address: _____

Phone: _____ Fax: _____

The following information is being requested:

Any or all information from my medical record:

The following specific information from my medical record file:

Date: _____

Date of Birth: _____

Patient Name (printed): _____

Patient Signature: _____

Patient RUID Number: _____ Patient Phone Number _____

Please send information to: Camden Wellness Center: 326 Penn St. Camden, NJ 08102

Records Release Outcome (For Medical Staff Only)
