

Student Health Records - Release Form
BRIDGEWATER COLLEGE DEPARTMENT OF HEALTH SERVICES

PLEASE NOTE: Health records will only be released to the student, or former student, directly, upon receipt of a fully completed written release. Bridgewater College will not forward your records to any third party. **Once you receive your health records, please make and keep a copy for yourself, as we can only process one request per student per year.** Records are kept on file for five years following graduation. Please print clearly, fill in this form completely, and allow 10 business days for processing.

You may return the completed form to:

Department of Health Services
Bridgewater College
402 E. College Street, Box 181
Bridgewater, VA 22812

Fax: 540-828-5778

Email: healthservices@bridgewater.edu

Phone: 540-828-5384

The Department of Health Services is open from the beginning of Fall Semester to the end of Spring Semester. (During the summer months, you may return the form to the Department of Student Life, Box 12).

Fax: 540-828-5693

Email: studentlife@bridgewater.edu

Phone: 540-828-5380

I authorize Bridgewater College Health Services/Student Life to release my health records to myself at the address below.

Signature _____ Date: _____

Please print clearly:

_____, _____, _____, _____
Last Name *First Name* *Middle Name* *Maiden (Name while at BC)*
Date of Birth: _____

Current Address _____

Current Contact Information:

Tel.#: (_____) _____ Fax #: (_____) _____

Email Address: _____

What month and year did you begin your studies at BC? _____

What month and year did you last attend BC? _____

Below is for BC Use only

Date received: _____ Date sent: _____ Initial: _____ Mail: _____ Fax: _____ Email: _____

Picked up _____ Date _____
Signature of Recipient

Notes: _____
