THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

# RUTGERS UNIVERSITY HEALTH SERVICES
# MEDICAL RECORD RELEASE TO RUTGERS UNIVERSITY HEALTH SERVICES

PROVIDER NAME _____

ADDRESS _____

_____

DATE _____

Please release my medical record or any portion requested below to the Rutgers University Health Services at the address indicated below.

The following information is being requested:

☐ Any or all information from my medical record

☐ The following specific information from my medical record file

_____

_____

_____

_____

Patient Name (printed) _____

Patient Signature _____

Patient Social Security Number _____

Please send information to:

**❑Busch/Livingston Health Center !110 Hospital Rd., Piscataway, NJ 08854-8043 ! 732-445-3250 ! FAX: 732-445-3725**
**❑Camden Health Center ! 326 Penn St., Camden, NJ 08102 ! 856-225-6005 ! FAX: 856-225-6186**
**❑Hurtado Health Center ! 11 Bishop Pl., New Brunswick, NJ 08901-1180 ! 732-932-7402 ! FAX: 732-932-8255**
**❑Newark Health Center ! 249 University Ave., Room 104, Newark, NJ 07102 ! 973-353-5231 ! FAX: 973-353-1390**
**❑Willets Health Center ! 11 Suydam St., New Brunswick, NJ 08901-2889 ! 732-932-9805 ! FAX: 732-932-1465**
**❑Hale Center ! One Scarlet Knight Way, Piscataway, NJ 08854 ! 732-445-2091 ! FAX: 732-445-2780**