**Elementary School Health Office** 

Ext. 1343 & 1345 Fax: (570) 853-3092



**High School Health Office** 

Ext. 2347 Fax: (570) 853-3918

## **RECORDS RELEASE FORM**

O(F	Health Care Provider)
hereby	request the above named provider release the following information:
	Medical/Dental Records (specify): Immunization Information Other (specify):
	For Student:
	Grade: Date of Birth:
	(Signature of Parent or Guardian) (Date)
lease se	end (mailing address: 3192 Turnpike Street, Susquehanna, PA, 18847) or fax (numl

provided above) the information to the Health Office as soon as possible.

Thank you,

Health Office Staff