



# CONNECTICUT COLLEGE

## STUDENT HEALTH SERVICES

### EXCHANGE OF INFORMATION FORM

I, \_\_\_\_\_, class of, \_\_\_\_\_, hereby authorize

\_\_\_\_\_ to exchange information about my current condition,  
(Name of Provider)

visit date of \_\_\_\_\_, with:

- Dean(s) \_\_\_\_\_
- Professor(s) \_\_\_\_\_
- Office of Student Life \_\_\_\_\_
- Other \_\_\_\_\_

This release is not to be construed as a release of any information other than that specified above, or for any other purpose than that specified above and I understand that I may terminate this authorization, in writing, at any time.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

.....

I hereby terminate the release of information as stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_