



## Health Services Medical Release Form

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I \_\_\_\_\_ give my permission to have my medical/shot records from the University of Rio Grande, Rio Grande Community College released to

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Name

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Address

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City

State

Zip

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Phone

Fax

The medical/shot records should be sent by  Mail  Fax  Pickup

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Signature of Student

Date

Thank you,

*Amy L. Weaver*

Student Services Secretary

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