

THE UNIVERSITY OF  
**SCRANTON**  
A JESUIT UNIVERSITY

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Student Health Services University of Scranton Scranton, PA 18510-4507  
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I \_\_\_\_\_ Royal# \_\_\_\_\_ DOB \_\_\_\_\_  
(print)

hereby authorize Student Health Services at The University of Scranton to:

release information to:

request information from:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_