



Savannah State University  
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 Harris-McDew Student Health Center  
 Gary N. Harvey, M.D.  
 Phone: (912) 358-4122 Fax: (912) 358-3667

**Authorization to Release Information**

Patient: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**I request and authorize the**

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

Address \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To release medical information on me to:**

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

Address \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Type of information to be disclosed including all medical health and counseling information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby release the Harris-McDew Student Health Center of all legal responsibility or liability that may arise from the above authorization.

\_\_\_\_\_  
 Signature of Patient/Parent Guardian

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date