

Hartwick College
Department of Human Resources

RELEASE OF INFORMATION

I, _____, hereby authorize and request the release and delivery of all of my medical records, charts, files, diagnosis, prognoses, reports, x-rays, laboratory reports and such other similar or related information related to my injury or illness designated below to my employer, Hartwick College or their representative.

INJURY OF ILLNESS INVOLVED:

This release of medical information is good and valid until or unless rescinded in writing by me, and a copy of this statement and my signature on the statement is as valid as the original.

Date: _____ Signature: _____