



2279 Mount Vernon Road
Southington, CT 06489
www.briarwood.edu

800.952.2444
860.628.4751
F: 860.628.6444

Release of Medical Information Authorization Form

Briarwood College permits the release of medical records and immunizations only with the written consent of the student.

To request release of medical record and immunization history, please specify the name and address of the person or organization you would like the records sent to below.

Name: _____

Address: _____

Name:(please print) _____

Signature: _____ **Date:** _____

(Parent or Guardian must sign if student is not 18 years of age)

Please return this form to:
Director of Student Services, Briarwood College,
2279 Mount Vernon Road, Southington, CT 06489.