

**ROBERT MORRIS UNIVERSITY
TRANSFER STUDENT HEALTH RECORD
RELEASE FORM**

If you provided a physical and medical history to a previous college or university within the last two years, please complete Sections 1 and 3, and mail this form to Student Health Services at your former college or university. If you attended Robert Morris University and would like your records sent to another college or university please complete sections 2 and 3.

Section 1 – Medical information release from previous institution

I hereby authorize _____, which I attended from
(last school attended)
_____ to _____ to forward a copy of my pre-entrance medical history
(Dates attended)
and physical exam forms.

To Previous College Attended: Please indicate if you have no health record for the individual listed below and return form to Student Health Services Robert Morris University.

_____ We do not have a health record for the individual below.

Section 2 – Release of Information to another institution

Dates attended (RMU)_____

Date of Graduation (if graduated from RMU)_____

I request that copies of my medical record be sent to:

Name_____

Address_____

Released By_____ Date_____
(Signature)

Section 3 – Student Information

Student Signature_____ Date_____

Print full name_____

Date of Birth_____

Full Street Address_____

Mail all information to: Robert Morris University
Student Health Services
Jefferson Center
6001 University Blvd.
Moon Township, PA 15108-1189
girimonti@rmu.edu
412-397-6220 (phone)
412-397-6319 (fax)