NJCU ENVIRONMENTAL HEALTH & SAFETY DEPT- G 420 2039 John F. Kennedy Blvd., Jersey City, NJ 07305 PH # 201-200-2151; EHS@njcu.edu

Medical Record Release Form

Name			
(PLEASE PRINT)	FIRST NAME	MIDDLE INITIAL	LAST NAME
Address			
	CITY	STATE	ZIP
NJCU Employee ID #		or Last 4 digits of SS # XXX – XX -	
D.O.B		Contact Phone #	
MO/ DAY/YEAR			

TO OBTAIN COPIES OF YOUR MEDICAL RECORDS (work-related):

I hereby authorize New Jersey City University, Environmental Health and Safety Dept., to release a copy of the medical record(s)