



## Authorization to Release Information Form

*(Must be completed every time information is requested)*

First / Last Name: \_\_\_\_\_

McGill ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please briefly describe the nature of your request:

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I authorize the McGill Student Wellness Hub to forward the following information:

- |  |   |
|--|---|
| <input type="radio"/> Treatment summary    | <input type="radio"/> Clinical file                             |
| <input type="radio"/> Letter of support    | <input type="radio"/> Test / Lab results (please specify below) |
| <input type="radio"/> Record of attendance | <input type="radio"/> Other (please specify below):             |

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I request that this information be communicated to: \_\_\_\_\_

- By faxing my documents to the following number: \_\_\_\_\_
- By mailing my documents to the following address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- By preparing for pickup at the Student Wellness Hub reception (documents are destroyed after 90 days)
- By e-mail: \_\_\_\_\_@mail.mcgill.ca (student e-mail address only)  
If by e-mail, please choose a password to open your document: \_\_\_\_\_

*We will use reasonable means to ensure the security of information communicated by e-mail, but we cannot completely guarantee the security of this process*

This authorization is effective until: \_\_\_\_\_

- By preparing I hereby renounce the 15-day waiting period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*N.B. To avoid delays in processing, please submit all requests via your student e-mail address.*

*Processing time is approximately 15-20 business days. Fees variable upon request.*