VANDERBILT UNIVERSITY

MEDICAL CENTER

Authorization for Release of Medical Information

As a Vanderbilt University student, I authorize Vanderbilt Student Health Center to share my immunization record with Vanderbilt Occupational Health Center. I understand that my records will be reviewed and additional vaccinations and/or medical health requirements may need to be met for employment at Vanderbilt University Medical Center.

Name: _____ Date of Birth _____

Vanderbilt Commodore ID _000_____

Student Email Address:_____@vanderbilt.edu

Student Signature:_____ Date: _____

Return this form to:

Dara L. Dixon, RN, BSN, Clinic Manager

Student Health Center

Vanderbilt University Medical Center

1210 Stevenson Center Lane

Nashville, TN 37232-8710

office: 615-343-6186 ,

fax 615-343-0047

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