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)