MercyCollege
of Northwest Ohio

Request For Release of Health Records

Last name First (Name while at Mercy)

Address City State Zip

Social Security Number Date/s Attended Year Graduated

Home Phone Number Work Number E-mail Address

I authorize the release of my health records and information in my health file to be sent Directly to:

Name of Company or individual

Address (complete address required)

Fax Number

Signature Date

Please return completed form to:
Mercy College of Northwest Ohio
C/O Darnell Irvine
1044 Belmont Avenue
Youngstown, Ohio 44510