

Request to email part of or complete medical records as held by UCC Student Health t

**PATIENT SECTION:**

Dear Student Health Department,

Please send data as requested to the email address below via encrypted email  
I enclose a copy of photo-id. from my passport to confirm my identity.

**Patient/Student Detail:**

First Name	
Family Name	
Date of Birth	
UCC Student Number	
Contact telephone number:	
<b>CIRCLE WHICH PART OF RECORDS YOU WISH TO BE FORWARDED:</b>	<b>1. Immunisation and ID Screening Records Only. 2. Full Medical Record.</b>
<b>EMAIL ADDRESS TO WHICH YOU WISH YOUR RECORDS BE SENT:</b>	
Signature:	
Date:	

**Security of your records:** To protect the confidentiality of your personal data as required under *General Data Protection Regulations*, the Student Health Department reserves the right to seek to verify the identity of the person/student who is requesting their records

You must include a photocopy of your Passport showing your Photo-ID to confirm identity.

*For STUDENT HEALTH DEPARTMENT USE ONLY: Record of request and provision:*

Date request received:

Method of identification:

Date record provided:

The medical record requested as held by the UCC Student Health Department relating to the above-named student have been emailed to the address above.

Signed:

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For: UCC STUDENT HEALTH  
DATE: