

Request to Forward Medical Records as held by UCC Student Health Department

PATIENT SECTION:

Dear Student Health Department,

Please send data as requested to the address below.

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:	
CIRCLE WHICH PART OF RECORDS YOU WISH TO BE FORWARDED:	1. Immunisation and ID Screening Records Only. 2. Full Medical Record.
ADDRESS TO WHICH YOU WISH YOUR RECORDS BE POSTED:	
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 posted to the address named above.

Signed:

For: UCC STUDENT HEALTH
DATE: