

GRAND VALLEY STATE UNIVERSITY  
**RECREATION**

**RECORD REQUEST**

Date: \_\_\_\_\_

In order to comply with all patient confidentiality guidelines, we are requesting that you complete this release form, which will allow us to communicate with your physician, therapist, coach or other provider, if we have any concerns related to your medical history. If you do not currently have a physician, please list your most recent physician's information and date of last visit.

We are requesting that health care provider consent be issued to:

GVSU Fitness & Wellness Center  
Attention: Amy Campbell  
D135 Recreation Center  
Allendale, Michigan 49401-9403

Provider consent is being requested from (Doctor, therapist, coach or other provider):

Provider's Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, am aware that the Grand Valley State University Fitness & Wellness Center is communicating with my health care provider and hereby give permission to do so.

**Client Information:**

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for requesting records: \_\_\_\_\_

\_\_\_\_\_