

University of Memphis at LAMBUTH
Authorization to Release Lambuth Patient-Related Form

Lambuth Student Records Request, 705 Lambuth Boulevard, Jackson, TN 38301
Phone: (731) 425-1988 / Fax: (731) 425-1916

Date: _____

Phone: _____

Fax: _____

Instructions:

Please complete the information areas below. Type in or print your information, sign the form, and send it to Lambuth Student Records Request (see Address/Fax information in the header).

Name:	Last: _____	First: _____	Middle: _____
Last 4 Digits of SSN:	XXX - XX - ____ ____ ____ ____		
Birth Date:	MM: ____ DD: ____ YY: ____		
Year of Graduation:	_____		
Comments:	_____ _____		

Mail Records (May be faxed if under 5 pages) **to:**

_____ _____ _____ _____

Signature (Required): _____ **Date:** _____

Important:

This facsimile transmission may contain information that is **Privileged, Confidential, or Exempt** from disclosure under applicable law. It is intended ONLY for the use of the individual or entity to which it is addressed. If the receiver and/or reader of this transmission is not the intended recipient, or the employee or responsible agent thereof, then any disclosure, dissemination, distribution or copying of this transmission is strictly prohibited.