



MEDICAL RECORDS RELEASE FORM

Please complete and sign this form if you wish to obtain a copy of your medical records on file at County College of Morris (CCM).

Email the completed form to: health-services@ccm.edu

CCM is only required to maintain medical files for seven (7) years. This is the limit of how far back we can retrieve your information. The Immunization Records are filed under your first full-time semester. Nursing/Allied Health/Bio-Tech are filed under first clinical semester please provide those dates below.

Please allow ten business days for us to retrieve and complete your immunization verification letter. Upon completion we will email your verification letter to the email address you have provided below.

I hereby authorize the release of my immunization/medical records from County College of Morris:

Name of Student: _____

CCM ID#: _____ **Date of Birth:** _____

Email: _____

CCM is not responsible for the generation of or current validity of this information. We gathered this information as required for students to register or participate in clinical course work and is meant for the individual who requested this information ONLY. By signing below, you are stating in writing that you are the student named above.

First Full Time Semester at CCM: _____ **First Clinical Semester (If applicable):** _____

Last Semester Enrolled or Graduation Year: _____

Signature

Date