



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

CONSUMER AND ENVIRONMENTAL HEALTH SERVICES

PO BOX 369

TRENTON, N.J. 08625-0369

www.nj.gov/health

JON S. CORZINE
Governor

FRED M. JACOBS, M.D., J.D.
Commissioner

MEDICAL RECORDS RELEASE FORM

Patient's Name: _____

Address: _____

Date of Birth: _____

I hereby authorize

Physician's name

Physician's phone number

Physician's fax number (if known)

Physician's address (if known)

to release my medical records via MAIL/FAX to the

New Jersey Department of Health and Senior Services
Division of Epidemiology, Environmental, and Occupational Health
PO Box 369

Trenton, NJ 08625-0369

FAX: (609) 588-2516

PHONE: (609) 588-8536

ATTN: Mary T. Glenshaw, PhD, MPH

Signed: _____ Date: _____

Relationship: _____