

Marquette University Medical Clinic
Wellness + Helfaer Recreation, WR200K
525 N 16th Street
Milwaukee, WI 53233

Releasing Medical Information

This form is used only to allow Marquette University Medical Clinic providers and staff members to release oral information with the written consent of the patient. This form only allows Marquette University Medical Clinic providers and staff to release oral information pertaining to one specific visit. This form will be valid for one year. A separate, completed authorization form is necessary to release paper copies of patient medical records.

I, _____, _____,
Please print name here *MU ID#*

give my permission for