

Tennessee Tech University
Student Health Services
P O Box 5096
Cookeville, TN 38505
Phone (931) 372-3320
Fax (931) 372-3848

Name: _____
SSN: _____
DOB: _____
Phone: _____

Receiving Medical Records at TTU Health Services

TO: _____

I, _____, hereby authorize the release of the following information to the Student Health, Tennessee Tech University, Cookeville, TN. Fax number (931) 372-3848. Please send the records to the attention of _____ TC