



Milwaukee School of Engineering
Health Services
1245 North Broadway
Milwaukee, WI 53202
1-414-277-7333

This is to certify that I hereby give my consent for the release of any information regarding my health status, or which is on file at the Milwaukee School of Engineering.

Name (Print) _____

The information will be shared with:

Name	_____
Address	_____
Phone	_____
Name	_____
Address	_____
Phone	_____
Name	_____
Address	_____
Phone	_____
Name	_____
Address	_____
Phone	_____

Signature _____ Date _____

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