FERPA Protected Educational Records (Immunizations) Release

Directions: Complete this form and return it to the Student Health Center in one of the following ways:

Mail or drop by to:
Student Health Center, Pershing Hall
909 Hitt St. DC800.00
Columbia, MO 65211

Phone:573-882-7481
Fax:573-882-5370
Email to: umhsshc@health.missouri.edu

The Family Educational Rights and Privacy Act (Buckley Amendment) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student or as specified by other exceptions such as subpoenas and court orders. Please see these web sites for full explanation and regulatory exceptions:

- University of Missouri Registrar System
- University of Missouri System

All permissions granted will stay in effect until revoked in writing by the student or the student chooses to restrict directory information in myZou.

I authorize the University Student Health Center (SHC) to release the immunization information originally submitted for the purposes of compliance with University immunization policies.

Please release them via (check one): ◯ mail ◯ fax ◯ secure email

To:

_____ _____
Name of Authorized Person or Institution Phone Number (including area code)

_____ _____
(Address/Street) Fax Number (including area code)

_____ _____
(City/State/Zip) Email Address

_____ _____
Student printed name (first, middle, maiden, last) Date of birth (mm/dd/yyyy)

_____ _____
Student Signature Date (mm/dd/yyyy)

_____ _____
Student phone number (including area code) Student number

Student Health Center
University of Missouri

Release completed by_____

10/04/24 eab

Date_____