

East Stroudsburg University of Pennsylvania  
Health Center – Flagler-Metzgar Center  
200 Prospect Street  
East Stroudsburg, PA 18301-2999  
570-422-3553

<b>CONSENT FOR TRANSFER OF INFORMATION</b>
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<b>STUDENT NAME:</b>	<b>STUDENT I.D. #:</b>
<b>DATE OF BIRTH:</b>	<b>CELL PHONE#:</b>

I, \_\_\_\_\_ do hereby consent to and authorize East Stroudsburg University Health Services, 200 Prospect Street, East Stroudsburg, PA 18301 to *disclose* to:

<b>NAME OF HOSPITAL: Lehigh Valley Health Network - Pocono</b>	
<b>ATTENTION: Student Health Services</b>	<b>TELEPHONE #: 272-762-4378</b>
<b>ADDRESS: 200 East Brown Street, East Stroudsburg, PA 18301</b>	
<b>FOR THE PURPOSE OF: Provision of health services and continuity of care during enrollment at ESU</b>	

information from medical records relating to my identity, diagnosis, prognosis, or treatment. However, I do not give permission for any other use or redisclosure of this information.

I understand that my record will include my medical history and physical exam information. If previously seen in the ESU Health Center, it may also contain discharge summary/instructions, athletic physical information if applicable, psychological, psychiatric, lab results and other procedural follow-up reports.

I have read and understand the nature of this release.

**DATE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**WITNESS NAME:** \_\_\_\_\_

(Parent/Guardian must witness/approve if the student is under 18 years of age)

**PLEASE SEND TO:** Ms. Donna Shepherd  
East Stroudsburg University  
Flagler-Metzgar Building  
200 Prospect Street, East Stroudsburg, PA 18301  
[dshepherd@esu.edu](mailto:dshepherd@esu.edu) (570) 422-3553