



**Nuclear Medicine Institute at  
The University of Findlay  
1000 North Main Street  
Findlay, OH 45840  
419-434-4708 (office)  
419-434-4168 (fax)**

**RELEASE FORM**

A student and/or graduate that is requesting NMI to send official NMI transcripts and/or other documentation to themselves or a third party must complete the NMI Release Form. Please note official UF transcripts must be requested through the UF Registrar's Office.

Student/Graduate Name: \_\_\_\_\_ Student/Graduate DOB: \_\_\_\_\_

Student/Graduate Address: \_\_\_\_\_  
City State, Zip

Student/Graduate SS#: \_\_\_\_\_

Student/Graduate Telephone: \_\_\_\_\_  
Area Code

I hereby authorize the Nuclear Medicine Institute at The University of Findlay to release my \_\_\_\_\_ (i.e. health records, transcripts, etc.) to the entity (employer, institution or individual) listed below in the designated format. I hereby release the Nuclear Medicine Institute at The University of Findlay of any legal liability of disclosure of said records, in relation to this request. I understand that if I am requesting the records to be faxed, that it is my responsibility to retrieve them from the fax machine once they are faxed.

I am requesting that the records be: \_\_\_\_\_ Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ E-mailed \_\_\_\_\_ I will pick them up

\_\_\_\_\_  
Name of Entity to Receive the Records

\_\_\_\_\_  
Entity Address City State, Zip

\_\_\_\_\_  
Entity FAX Number Entity Telephone Number

\_\_\_\_\_  
Student/Graduate Signature Date