

Magness Immigration Service
2863 Old Missouri Road, Ste. 112C
Fayetteville, AR 72703

AUTHORIZATION AND REQUEST TO RELEASE MEDICAL RECORDS

Date: _____

**I hereby authorize: Magness Immigration Service
2863 Old Missouri Road, Ste. 112C
Fayetteville, AR 72703
Phone: (479) 521-1114
FAX: (479)521-2540**

To Provide:

Facility Name: _____

Address: _____

City: _____

Phone #: _____

FAX: _____

Medical Records of:

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Phone Number: _____

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

Signature of patient: _____ **Date:** _____