



1314 Hooper Avenue

Bldg. A, 2nd Floor

Toms River, NJ 08753

T: 732-255-7553 | F: 732-255-8901

**Outgoing Record Release Authorization**

I hereby authorize and request you to release my growth chart, immunizations, visit history, and any reports from specialists to:

**Facility name/Dr:**

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**Address:**

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**Phone:**

**Fax:**

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***Reason for requesting medical records:***

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Patient(s) Names

Date(s) of Birth

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Please Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_