## Parent/Guardian Authorization for Treatment of Students Under 18 Years of Age



A record of parental or guardian authorization for medical care and counseling services must be on file to facilitate care for students who are under 18 years of age on August 15, 2018. Please complete this authorization form and return it to the address or fax listed below. We look forward to seeing you on campus and hope that you will take advantage of the many programs and services offered by Columbia Health.

Melanie Bernitz, M.D., M.P.H Associate Vice President and Medical,

Director, Columbia Health

Richard J. Eichler, Ph.D. Executive Director, Counseling and Psychological Services

Richard J. Einle

For students under 18 years of age the following is required:	
(Please print.) STUDENT'S NAME:	
DATE OF BIRTH:	
CUID (CUID appears on the Student Account Statement and in SSOL)	
UNI (University Network ID)	
NAME OF PARENT OR GUARDIAN:	
PARENT/GUARDIAN HOME ADDRESS:	
PARENT/GUARDIAN PHONE NUMBERS:	HOME ( ) DAYTIME ( )
The undersigned hereby authorizes Co	umbia Health to administer treatment to the student named on this form.
Parent/Guardian Signature	Date

Please return this form to:
Columbia Health Medical Records

John Jay, 4<sup>th</sup> Floor 519 West 114<sup>th</sup> Street, MC 3601

New York, NY 10027

Fax: (212) 854-9851

health.columbia.edu