



**RECORDS RELEASE**

**(AUTORIZACION PARA ENTREGA DE EXPEDIENTE)**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and request for you to release to \_\_\_\_\_ located at \_\_\_\_\_ the complete medical records in your possession concerning my illness and/or treatment.

Yo autorizo la entrega de mi expediente al \_\_\_\_\_ localizado en el \_\_\_\_\_.

Name/Nombre: \_\_\_\_\_

Signature/Firma: \_\_\_\_\_

Date of birth/Fecha de Nacimiento: \_\_\_\_\_

Date/Fecha: \_\_\_\_\_