

Access to your Medical Records as held by UCD Student Health Service

To	Director of Student Health Service UCD Student Health Service University College Dublin, Belfield, Dublin 4.
----	--

Dear UCD Student Health,

Please provide me with a copy of my **COMPLETE** Medical Records as held by UCD Student Health. *Please tick to choose one option only.*

Hard copy to be collected by me (student)		Healthmail sent directly to my GP	
Registered post to me (student)		Secure email sent to me (student)	

Student (applicant) details:

Surname Name	
First Name	
Date of Birth	
UCD Student Number	
Mobile Telephone Number	
Postal address if applicable	
GP Healthmail address if applicable	

Student Signature: _____ Date: _____

Notes:

- Fee: No fee is chargeable for providing a copy of your medical record.
- Security of your records: To protect the confidentiality of your personal data, UCD Student Health reserves the right to seek to verify the identity of the person making this access request or providing an access authorisation. You can use your Passport or Driving Licence to confirm your identity when collecting the hard copy of your records in person.