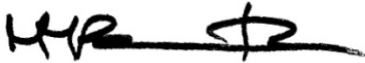


Upon completion, please submit via email ([cuhmedicalrecords@cumc.columbia.edu](mailto:cuhmedicalrecords@cumc.columbia.edu))

### 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 participating in non-degree Columbia University programs who are under 18 years of age on August 15 of the current year. Please complete this authorization form and submit it via email (preferred) or submit 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, MD, MPH**  
Senior Vice President and  
Medical Director,  
Columbia Health



**Brenda Aiken, MD**  
Executive Director, Medical  
Services



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

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**For students under 18 years of age the following is required:**

**Please print:**

Student's Name: \_\_\_\_\_

Student's 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 Number(s): Home: \_\_\_\_\_ Daytime: \_\_\_\_\_

The undersigned hereby authorizes Columbia Health to administer treatment to the student named on this form.

☐ By checking this box and typing my name below, I am electronically signing this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Please return this completed form to Columbia Health Medical Records at [cuhmedicalrecords@cumc.columbia.edu](mailto:cuhmedicalrecords@cumc.columbia.edu)

Alternate return options:

Fax: (212) 854-9851

Mail: John Jay, 4th Floor  
519 West 114th Street, MC 3601  
New York, NY 10027  
Last updated: 10/12/22