

Authorization Request for Student Health Documents

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Authorization Request for Release of Health Documents

Dear [Insurance Company Representative's Name],

I am writing to request your assistance in obtaining the necessary health documents for my [son/daughter], [Student's Name], who is a student at [School Name]. We are in the process of verifying health insurance coverage for [his/her] medical needs, and the required documents include health records that will assist in this verification.

Please find below the details of the student:

- Full Name: [Student's Name]
- Date of Birth: [Student's Date of Birth]
- Student ID: [Student ID Number]

By signing below, I authorize the release of health documents relevant to [Student's Name] for the purpose of insurance verification.

Thank you for your prompt attention to this matter. If you require any further information or have questions, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Signature]