

Release of Information: COVID-19 Test Results

Name

Date of Birth

Street Address

City

State

ZIP

Phone Number

I hereby authorize Salt Lake County Health Department to disclose my COVID-19 test results to Julie Young (Jordan School District Nurse) .

I understand that this authorization is voluntary and that any information released may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Signature

Date