

# 2009 IOWA SUMMER MUSIC CAMPS

## STUDENT APPLICATION PACKET

**June 7 - 13**

BAND • ORCHESTRA

**June 14 - 19**

PIANO

TOTAL PERCUSSION

*A YAMAHA Sounds of Summer Event*

**June 21 - 26**

JAZZ

**APPLICATION  
DEADLINE  
Friday, May 1**



# HEALTH SERVICES INFORMATION

## For Summer Program Attendees and Their Parents

### GENERAL INFORMATION

Campers attending any of the summer programs at The University of Iowa may at times require health care. Appropriate staff members are available in each program to assure students receive the proper medical attention whenever needed. Campers who need medical care should report to one of these staff members who will then facilitate the student being seen either by The University of Iowa Student Health Service or The University of Iowa Hospitals and Clinics. **The enclosed INSURANCE INFORMATION form must accompany the student's application forms.**

The University of Iowa Student Health Service is located in the Steindler Building on the west campus. Hours are 8:30 a.m. to 4:30 p.m. Monday through Friday and 9 a.m. to 12 noon on Saturdays. The Health Service is staffed with physicians and nurses dedicated to serving the special needs of the student population. When the Health Service is closed, campers may be taken to The University of Iowa Hospitals and Clinics Emergency Treatment Center.

The Student Health Service and/or the University Hospital will provide medical care for conditions which must be treated for the camper's continued participation in the program (conditions such as injuries and infectious diseases). If the condition warrants, the camper may be advised to leave the program and return home. The University will not provide care for conditions which warrant long-term treatment and follow-up or which can safely and more appropriately be treated after the student returns home.

In the event of serious illness, serious injury or hospitalization, parents/guardians will be notified immediately by program staff members or health care professionals. On rare occasions, psychological/psychiatric emergencies may occur. If so, parents will also be notified immediately and special permission to provide psychological/psychiatric counseling will be requested.

### PERSONAL MEDICAL REQUESTS/SPECIAL NEEDS

All personal medical requests or special needs may be referred to the Hall Coordinator or one of the resident assistants and/or ISMC counselors.

### IN CASE OF SERIOUS ILLNESS OR INJURY

In the event of serious illness or injury, program staff members or health care professionals from Student Health Services or University Hospital will notify the parents or guardian.

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## Automobile Policy

**Resident campers** are discouraged from having automobiles/motor vehicles at the Iowa Summer Music Camps. On the first day of camp, staff counselors will collect the car keys of all resident campers after the camper's car has been properly parked on campus. The keys will be returned on the last day of camp. A **temporary parking permit** for all vehicles, including those of **commuter campers**, must be **purchased in advance of the camp**, no later than **Friday, May 22**, in order to guarantee the availability of a parking space on campus. Iowa Summer Music Camps is not responsible for parking tickets issued to campers. The cost of the temporary parking permit is \$13 and should be included with the application fees.

# APPLICATION

## 2009 Iowa Summer Music Camps

The University of Iowa

**\* Applications must be received by Friday, May 1 \***

*Applications will be considered and accepted in order of receipt until it is deemed necessary to close sections.*

***Attendance is required at all rehearsals, classes and final concerts!***

### A - PERSONAL INFORMATION

PLEASE TYPE OR PRINT LEGIBLY AND COMPLETE BOTH SIDES OF APPLICATION.

Please give complete first name; i.e., no nicknames or shortened names. This is how your name will appear on the concert program.

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PREFERRED E-MAIL ADDRESS \_\_\_\_\_

Name of school you currently attend \_\_\_\_\_

Director's Name (please print) \_\_\_\_\_

Circle year(s) you have attended our Iowa Summer Music Camps: '08 '07 '06 '05 '04

- I was a member of the:
- Fall 2008 IHSMA All-State Music Festival
  - Fall 2008 IMEA/ISTA Junior Honors Orchestra or Opus Honors Choir
  - Spring 2009 IBA Middle School Honor Band

**Racial/Ethnic Information** (optional): The following information is used by The University of Iowa for recruiting and statistical purposes only. It is not provided to anyone outside the University. *(circle number)*

01 - Alaskan Native/American Indian TRIBAL AFFILIATION _____	
02 - African American/Black	
03 - Hispanic/Latino(a)	05 - White, not of Hispanic/Latino(a) origin
04 - Asian or Pacific Islander	06 - Foreign Citizen

The University reserves the right to cancel programs for any reason, including insufficient enrollments.

The University of Iowa requests the information on this form for application purposes. No persons outside the university are routinely provided this information. If the requested information is not provided, the University may not be able to process this application.

Individuals with disabilities are encouraged to attend all University of Iowa sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact the sponsoring department in advance at 319-335-1635 and Student Disabilities Services at 319-335-1462.

The University of Iowa prohibits discrimination in employment or in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, 319-335-0705 (voice) or 319-335-0697 (text), The University of Iowa, 202 Jessup Hall, Iowa City, Iowa 52242-1316.

## B - TUITION AND FEES

WEEK 1 • June 7-13 Check one box only

BAND (woodwinds, brass, percussion)

ORCHESTRA (strings)

• COST Check one box only

COMMUTER COST \$190.00

RESIDENT COST \$520.00  
Room (six nights) and board; tuition

Line 1: Total fees-Week 1

WEEK 2 • June 14-19 Check one box only

TOTAL PERCUSSION

PIANO

• COST Check one box only

COMMUTER COST \$190.00

RESIDENT COST \$490.00  
Room (five nights) and board; tuition

Line 1: Total fees-Week 2

WEEK 3 • June 21-26

JAZZ

• COST Check one box only

COMMUTER COST \$190.00

RESIDENT COST \$490.00  
Room (five nights) and board; tuition

Line 1: Total fees-Week 3

## C - DEDUCTIONS - WEEK ONE ONLY

2007 or 2008 All-State Music Festival participant (Iowa or other state)-\$50\*

String Scholarship - \$40\* (see your orchestra director before you claim this deduction)

\_\_\_\_\_  
ORCHESTRA DIRECTOR'S SIGNATURE

2008 IMEA/ISTA Junior Honors Orchestra-\$40\*

2009 IBA Middle School Honor Band-\$40\*

Bassoon; Bass/Contrabass clarinet-\$40\*

Oboe; Mallet/keyboard Percussion; Tuba-\$40\*

Previous ISMC camper, (Week 1, 2 or 3) -\$40\*

*\* Campers may not claim more than \$90 total in ISMC scholarships*

Scholarship from other source:

Source Amount \$

Source: \_\_\_\_\_

Received \_\_\_\_\_

(Campers will be mailed a refund if the scholarship is sent directly to our office.)

Line 2: Total DEDUCTIONS  (Total all deductions from Section C.)

Line 3: Amount Due  (Line 1 - Line 2 = Line 3)

Line 4: Amount Enclosed  (Add  \$13 if a parking permit will be needed.)  
Check Number \_\_\_\_\_

Line 5: Balance Due May 2 \$  (Subtract Line 4 from Line 3.)

*Students who wish to stay in the Resident Halls between camps (June 13, or June 19-20) must notify us before the May 2 deadline. An additional cost of \$30/night (no meals) must be paid in advance of the camp.*

## D - ROOMMATE REQUEST

*Both campers must make a mutual request!*

Name of roommate \_\_\_\_\_

## E - APPROVALS

**ATTENDANCE IS REQUIRED AT ALL REHEARSALS, CLASSES (DAILY AND EVENING) AND ALL FINAL CONCERTS!**

Applications must be received by **Friday, May 1**. If this application is accepted, I agree to abide by the rules and regulations of the Iowa Summer Music Camps.

\_\_\_\_\_

SIGNATURE OF STUDENT APPLICANT

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE

I recommend this student to you as a qualified applicant for the Iowa Summer Music Camps.  \_\_\_\_\_

SIGNATURE OF SCHOOL MUSIC DIRECTOR

## SWIM PERMIT

This certifies that \_\_\_\_\_ has our permission to swim in the Iowa City Municipal Pool during the 2009 Iowa Summer Music Camps. (Swimming in the Iowa River is not permitted.) Since the city pool is under the supervision of the City of Iowa City, The University of Iowa cannot assume responsibility for this activity.  \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

# F - REGISTRATION INFORMATION

Please indicate your area(s) of interest.

## WEEK ONE • JUNE 7 – 13

Everyone is required to sign up for a large ensemble (winds/percussion in Band; strings in Orchestra - see below) during Week One, and at least one Music Theory or Music Appreciation Course. Students will automatically be scheduled into sectionals and masterclasses. You may not carry more than 8 hours nor fewer than 6 hours except by special permission of the camp director. Your schedule will be arranged as nearly as possible according to your prioritized preferences. Some courses may meet in the early evening.

### ENSEMBLES

**Band** (3 hrs.) Primary Instrument: \_\_\_\_\_  
(Be specific: Alto sax; baritone TC or BC, etc.) **Required for wind and percussion players.**  
Other instrument(s) you play: \_\_\_\_\_

**Orchestra** (3 hrs. for strings; 1 hr. for winds and percussion)  
Instrument: \_\_\_\_\_  
**Required for string players. Orchestra winds/percussion will be selected by audition on June 8.**

**MUSIC THEORY/MUSIC APPRECIATION** (PICK ONE: All campers are required to select at least **one** of these courses.) See inside back cover for course descriptions.

**\*\* Prioritize your preferences** (1, 2, 3, etc.):

- Fundamentals of Musicianship I** (1 hr.; beginning)
- Fundamentals of Musicianship II** (1 hr.; intermediate)
- Fundamentals of Musicianship III** (1 hr.; advanced)
- Sight Singing and Aural Skills I** (1 hr.; beginning)
- Sight Singing and Aural Skills II** (1 hr.; intermediate)
- Forms and Ideas** (1 hr.; grades 11–13; enrollment limited)
- Music Appreciation** (1 hr.; grades 10–13; enrollment limited)



### Music Director's Signature

I certify that this student has the background needed for the Music Theory/Music Appreciation courses selected above.

### OTHER COURSE ELECTIVES

**\*\*Prioritize your preferences** (1, 2, 3, etc.):

- Instrumental Conducting** (1 hr.)
- Beginning Class Piano** (1 hr.)
- Piano Masterclass** (three or more years of prior piano study; 1 hr.)
- Oboe Reed Making** (1 hr.)
- Bassoon Reed Making** (1 hr.)
- Music in Film** (1 hr.; grades 10-13)
- Creative Music Making/Soundpainting** (1 hr.; grades 10–13)
- Introduction to Electronic Music** (1 hr.; grades 10–13)
- Intro to Finale** music notation software (1 hr.)
- World Percussion for Non-Percussionists** (1 hr.)
- 

## WEEK TWO • JUNE 14 - 19 • TOTAL PERCUSSION

Percussion instrument(s) you play:

Snare  Mallet Keyboards

Timpani  Steel Pan

Others \_\_\_\_\_

Preferred marching instrument:

Snare  Tenors  Bass  Cymbals

Mallet Keyboards Other \_\_\_\_\_

## WEEK TWO • JUNE 14 - 19 • PIANO CAMP

Be sure to complete **Section G** - Musical Experience.

**PIANO CURRICULUM:** Students will be scheduled by ability level. Topics and activities include keyboard music theory, technique, small group lessons, piano literature and other special topics. Daily schedule will also include practice time.

## WEEK THREE • JUNE 21 - 26 • JAZZ CAMP

Instrument: \_\_\_\_\_  
(Be specific: Alto Sax, Electric Bass, etc.)

List any other instrument(s) you play:

**JAZZ CURRICULUM** Students are scheduled by instrument into the following course offerings:

- Small groups organized by ability level
- Instrumental Intensives (warm-ups, listening)
- Improvisation
- Jazz Theory and Composition
- Ear training
- Soundpainting

# G - MUSICAL EXPERIENCE

\* **ALL** students must complete this page and return it with their application

Name \_\_\_\_\_

School \_\_\_\_\_

SCHOOL NAME

CITY

STATE

Grade in school *next fall* (circle) 8 9 10 11 12 13

**Instrument:** \_\_\_\_\_

(Be specific: indicate *alto* saxophone, bass clarinet, treble or bass clef euphonium, etc.)

Current chair position in your band/orchestra Part \_\_\_\_\_ Chair \_\_\_\_\_

Chair position in All-State Band Year \_\_\_\_\_ Part \_\_\_\_\_ Chair \_\_\_\_\_

Chair position in All-State Orchestra Year \_\_\_\_\_ Part \_\_\_\_\_ Chair \_\_\_\_\_

Ratings in state-sponsored solo contest \_\_\_\_\_  
year / rating                      year / rating                      year / rating

**Piano Campers** - list piano works you have performed and/or are currently studying:

**Jazz Campers** - chair position in your school jazz band Part \_\_\_\_\_ Chair \_\_\_\_\_

Have you studied privately?  **Yes** If yes, number of years: \_\_\_\_\_  **No**

Name(s) of private instructors: \_\_\_\_\_  
\_\_\_\_\_

Etudes or method books used: \_\_\_\_\_  
\_\_\_\_\_

Solos/Composers studied: \_\_\_\_\_  
\_\_\_\_\_

Other accomplishments, honor ensembles, etc.: \_\_\_\_\_  
\_\_\_\_\_



**• Permission to Treat •**  
**• Agreement to Assume Costs Related to Treatment •**  
**• Authority to Disclose Medical Information**  
**to Insurance Company for the Purpose of Claim •**

I hereby authorize and give my consent to the health authorities of The University of Iowa or any licensed health professional to perform upon or administer to \_\_\_\_\_ any reasonable treatment.

STUDENT NAME

In case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested. I also give permission to administer whatever anesthetic may be necessary and advisable during medical or surgical procedures. This authorization is intended to include emergency treatment, immunizations, injections, and minor operations and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to The University of Iowa Health Service and/or The University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim.

This permission is good only while the student is attending the Iowa Summer Music Camps at The University of Iowa.

### Release of Liability

In consideration of the Iowa Summer Music Camps of The University of Iowa granting the student permission to participate in the Iowa Summer Music Camps, I hereby assume all risks of his/her personal injury (including death) that may result from any Iowa Summer Music Camps activity. As parent or guardian I do hereby release the Iowa State Board of Regents, The University of Iowa, the Iowa Summer Music Camps and their officers, employees, and agents, and all instructors and all participants in said Iowa Summer Music Camps program from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from the student taking part in Iowa Summer Music Camps activities. *The release and treatment authorization must be signed by a parent or guardian. Students who are 18 years old or will become 18 years old before the end of the program also must sign.*

Parent/Guardian's Signature  \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_  
(TYPE OR PRINT)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Signature  \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Persons with disabilities who may require accommodations are asked to contact the Director of the Iowa Summer Music Camps.

**SUMMER YOUTH PROGRAM**  
***OPPORTUNITY AT IOWA SCHOLARSHIPS***

A limited number of **Summer Youth Program - *Opportunity at Iowa Scholarships*** for qualified students will be awarded for the 2008 Iowa Summer Music Camps. The applicant must meet *all* of the criteria for these scholarships as listed below:

The student must be a citizen or a national of the United States or a permanent resident of the United States;

The student must be a resident of Iowa;

The student must be a United States minority student who is African American, Latin, American Indian, Alaska Native, or Southeast Asian American;

The student must be accepted to the summer youth program (Iowa Summer Music Camps);

The student must be entering the 8th–12th grade in the fall of 2009;

The student must demonstrate financial need;

The final awards of scholarship money will be made by Opportunity at Iowa.

To be eligible for an *Opportunity at Iowa* scholarship, please complete the application on the back of this page.

**2009 OPPORTUNITY AT IOWA SUMMER YOUTH SCHOLARSHIP  
for United States Minority Students**

**APPLICATION FORM**

Applicant's Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Parent/Guardian: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
STREET ADDRESS OR POST OFFICE BOX

\_\_\_\_\_ CITY STATE ZIPCODE

Telephone: |\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_| Birthdate: |\_|\_| - |\_|\_| - |1|9|\_|\_|

Soc. Sec. #: |\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|

Year in school in the Fall of 2008: (Please circle) 8 9 10 11 12

**Ethnicity:**

- 01—Alaskan Native or American Indian (Tribal affiliation: \_\_\_\_\_)
- 02—African American/Black
- 03—Hispanic/Latino(a)
- 04—Asian or Pacific Islander

Yearly Income \_\_\_\_\_ Family Size \_\_\_\_\_

Did either of your parents attend college? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other information you would like to provide concerning financial need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which summer program(s) do you wish to attend? Iowa Summer Music Camps (*circle*) **Week: One Two Three**

How much support are you requesting? \_\_\_\_\_ Tuition cost \_\_\_\_\_ Room/Board cost \_\_\_\_\_ Other amount: \$ \_\_\_\_\_

## *Important Notices*

In order for your application to be processed, all forms must be signed and dated in the places indicated. The University of Iowa requests that we properly document our camp participants. Persons outside the University are not routinely provided this information. Responses to all items in the application materials are required in order for us to process your application. **There will be a \$25.00 cancellation fee charged after May 1, 2009. All campers fees and scholarships must be received by our office by Friday, May 1, 2009.**

### *Before you mail your application, did you...*

- \_\_\_\_\_ Include your completed application?
- \_\_\_\_\_ Include your Course Registration and Experience Form?
- \_\_\_\_\_ Include your Health and Insurance Forms?
- \_\_\_\_\_ Include your Opportunity at Iowa form (if eligible)?
- \_\_\_\_\_ Get signatures on all the blanks marked with an ☒ ?
- \_\_\_\_\_ Include a check, payable to "The University of Iowa" for camp tuition and fees?

### **MAIL YOUR APPLICATION FORMS AND PAYMENTS TO:**

**The University of Iowa  
Iowa Summer Music Camps  
179TAF  
Iowa City, Iowa 52242-1795**

### **QUESTIONS? ADDITIONAL CONTACT INFORMATION:**

**ISMC Office/UI Band Office phone: 319-335-1635  
Richard Mark Heidel, ISMC Director, E-mail: mark-heidel@uiowa.edu  
Rita Schmidt, ISMC Secretary, E-mail: rita-schmidt@uiowa.edu  
ISMC Fax: 319-353-2555  
ISMC web site: <http://www.uiowa.edu/~bands/ISMC/Welcome.html>**

# Week ONE Course Descriptions

## *Music Theory/Music Appreciation (1 hr. each)*

**Fundamentals of Musicianship I:** Key signatures, major scale construction, Circle of Fifths, and basic music notation. Level: Beginning

**Fundamentals of Musicianship II:** Scale degrees and intervals, minor scale construction. Level: Intermediate

**Fundamentals of Musicianship III:** Seventh chords, inversions of triads and seventh chords, pentatonic and octatonic scales. Level: Advanced

**Sight-singing and Aural Skills I:** Sight-singing and melodic/rhythmic dictation techniques. Simple melodies and rhythms. Highly recommended for vocalists. Level: Beginning

**Sight-singing and Aural Skills II:** Sight-singing and melodic/rhythmic dictation techniques. More complex melodies and rhythms. Highly recommended for vocalists. Level: Intermediate to Advanced

**Forms and Ideas:** An introduction to the formal structure of music. A basic background in theory is required. (Grades 11–13)

**Music Appreciation:** An historical survey of composers and stylistic periods in the music of the Western world. (Grades 10–13)

## *Elective Courses (1 hr. each)*

**Instrumental Conducting** — Introduction to basic beat patterns and expressive gestures used in conducting an instrumental ensemble. No previous experience is required.

**Double-Reed Making:** Limited to oboe and bassoon students. Selection of cane; basic reed making techniques; adjustment of reeds.

**Beginning Class Piano:** Basic keyboard skills for beginning students. This class is intended for those students with no previous piano experience. Students are taught in a modern electronic class piano lab, and will be introduced to proper keyboard techniques. Limited enrollment.

## *Elective Courses (continued)*

**Piano Masterclass:** Students who have three or more years of piano study will have the opportunity to perform for and be critiqued by members of the UI piano faculty in a masterclass setting. Students are expected to bring piano works they have recently studied.

**Music in Film:** This class will examine the purpose of music in film. Visual and aural examples will illustrate the various techniques used by film composers.

**Creative Music Making/Soundpainting:** The focus of the class will be on exploring new ways to create music, from the traditional to the contemporary. Topics will include musical free writing, composing, improvisation, and the soundpainting gestural language. (Grades 10–13)

**Introduction to Electronic Music:** This course explores the world of computerized digital sound in the University of Iowa Electronic Music Studios. Enrollment is limited. (Grades 10–13)

**Introduction to *Finale*:** *Finale* is the industry standard for music notation software. Students will learn the basic concepts of constructing and printing professional-looking music manuscripts. This course will be taught in the Macintosh Instructional Technology Center in Voxman Music Building. Please bring a new CD-R disk or flash drive if you wish to save your work at the end of the week. Enrollment is limited.

**World Percussion for Non-Percussionists:** A survey of hand drumming styles and playing techniques for non-percussion musicians. Each day will cover a different region of the world (West Africa, Cuba, the Caribbean, Brazil, Middle-East, etc.), focusing on the drums and basic playing techniques used to play them. (Percussionists are also welcome to sign-up!)

The University of Iowa Hospitals and Clinics  
Student Health Service

**INSURANCE INFORMATION**

The University of Iowa Student Health Service requires this information for the purpose of identifying third-party sources of payment and complying with their requirements for information on which their payments will be based. No information will be given out without the patient's consent. If you fail to provide the required information, the University of Iowa Student Health Service may not be able to submit these charges to your insurance carrier(s), and you will be held directly liable for the total cost of care.

BEFORE WE CAN PROCESS YOUR APPLICATION, ALL ITEMS ON THIS FORM MUST BE FULLY COMPLETED AND RETURNED TO THE ISMC OFFICE. The student's Social Security number will need to be provided at the time the student utilizes Student Health services during the Iowa Summer Music Camps.

The University of Iowa  
Iowa Summer Music Camps  
1064 Voxman Music Building  
Iowa City, IA 52242  
Phone: 319/335-1635

Student's Name \_\_\_\_\_  
Student's Address \_\_\_\_\_  
Student's Phone \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

Please give the insurance company's name and COMPLETE address. If the plan is provided through the insured's place of employment, also give the employer's name and address.

Insurance Company \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_  
Phone Number(s), if available \_\_\_\_\_  
Student Plan?  Yes  No

Employer of Policyholder \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Relationship to Patient  Self  
Address: \_\_\_\_\_  Spouse  
(street, city, state, zip) \_\_\_\_\_  Partner  
Phone of Policyholder \_\_\_\_\_  Father  
Birthdate of Policyholder \_\_\_\_\_  
 Mother

Please list ALL policy numbers on the insurance card. (Please include Social Security Number, if possible).

Policy numbers \_\_\_\_\_  
Group numbers \_\_\_\_\_  
Policy Holder's Social Security Number \_\_\_\_\_

Do you have other health insurance?  Yes  No If yes, see back of page.

**ASSIGNMENT OF INSURANCE BENEFITS** (Both lines **must** be signed and dated.)

I, the undersigned, do hereby authorize and request the above-named insurance company to pay benefits that are applicable under the terms of my contract or policy with the said insurance company to Student Health Service for the physician's professional services.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

Patient should sign below for AUTHORIZATION TO DISCLOSE MEDICAL RECORDS TO THE INSURANCE COMPANY.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

YOUR PROMPT ACTION ON THIS MATTER WILL EXPEDITE THE SETTLEMENT OF YOUR CLAIM

**\*Please complete information on back\***

SECONDARY HEALTH INSURANCE

Please give your insurance company's name and COMPLETE address. If your plan is provided through your place of work, also give your employer name and address.

Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number(s), if available \_\_\_\_\_  
Employer of Policyholder \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Address \_\_\_\_\_ Self  
\_\_\_\_\_ Spouse  
Phone of Policyholder \_\_\_\_\_ Father  
Birthdate of Policyholder \_\_\_\_\_ Mother  
\_\_\_\_\_ Partner

Please list ALL policy numbers on the insurance card. (Please include Social Security Number, if possible).

Policy numbers \_\_\_\_\_  
Group numbers \_\_\_\_\_  
Policyholder Social Security # \_\_\_\_\_

ASSIGNMENT OF INSURANCE BENEFITS (Both lines **must** be signed and dated.)

I, the undersigned, do hereby authorize and request the above-named insurance company to pay benefits that are applicable under the terms of my contract or policy with the said insurance company to Student Health Service for the physician's professional services.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

Patient should sign below for AUTHORIZATION TO DISCLOSE MEDICAL RECORDS TO THE INSURANCE COMPANY.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_



**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW**

I specifically authorize the release of data and information relating to: (check the appropriate box)

- 1. Substance Abuse   
(alcohol/drug abuse)
- 2. Psychiatric Services
- 3. HIV-Related Information   
(AIDS related testing)

\* \_\_\_\_\_  
Signature of Patient or Legal Guardian Date

\*In order for the above information to be released, you must sign here *and* above and check the appropriate box(es).