

**STATE CENTER COMMUNITY COLLEGE DISTRICT**

**FRESNO CITY COLLEGE**

1101 E. University Avenue

Fresno, CA 93741

Phone: 559-443-8604

Fax: 559-499-6023

To: Admissions and Records

I, \_\_\_\_\_, authorize the release of my medical information to Admissions and records and/or the Academic Standards Committee.

Signature: \_\_\_\_\_

Print Name:

Date Authorized:

Date of Birth:

Student ID #: