



Fresno City College

Health Services (559) 442-8268 FAX (559) 499-6050

1101 E. University Avenue

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize \_\_\_\_\_

to give to / to obtain from *(circle one or both)*:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**Information to be released:**

- |  |  |
|--|--|
| <input type="checkbox"/> TB Results                                    | <input type="checkbox"/> Immunization Record   |
| <input type="checkbox"/> Chest X-ray results/report                    | <input type="checkbox"/> Medical Record  |
| <input type="checkbox"/> Titer Results                                 | <input type="checkbox"/> Anthem Claim form   |
| <input type="checkbox"/> Academic Dismissal & supporting documentation | <input type="checkbox"/> Petition to Withdraw under Extenuating Circumstances & supporting documentation |
| <input type="checkbox"/> Sports Physical _____yr/s                     | <input type="checkbox"/> Other, please specify: _____  |
|  | _____  |
|  | _____  |

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student/Employee ID #: \_\_\_\_\_