



Fresno City College

Health Services

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1101 E. University Avenue Fresno, CA 93741

Authorization to Release Information

By checking the box below, you are authorizing Fresno City College Health Services to use your listed contact information for Patient Health Service Records release.

I hereby authorize Fresno City College Health Services to release my Health Services Records to my approved contact information below via electronic format and/or hardcopy.

Please list your contact information below that you authorize to receive Health Services Information/Records to:

Name: _____

Address: _____

City, State

Zip Code

Phone: _____

Email: _____

Signature: _____

Print Name: _____

Date: _____

Date of Birth: _____

Student/Employee ID #: _____