

STATE CENTER COMMUNITY COLLEGE DISTRICT  
FRESNO CITY COLLEGE  
1101 E. University Avenue  
Fresno, CA 93741  
Phone: (559) 442-8268  
Fax: (559) 499-6050

HEALTH SERVICES

RELEASE OF MEDICAL INFORMATION

To: Health Service and Admissions & Records

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

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

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

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

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

Student ID #: \_\_\_\_\_