

Yuba Community College Health Center
2088 North Beale Road
Marysville, California 95901
Phone: (530) 741-6818
Fax: (530) 741-6867
Email: csnelgro@yccd.edu

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Please read the following information before completing this form.

- 1) If you need immunization records, check immunization records line only.
- 2) If you need certain parts of your records, check partial record line only and specify what is needed. Most private physicians and clinics only require recent lab work or other records.
- 3) Copies cannot be made immediately. Allow up to 5 business days for copies to be made.

I request and authorize:
Yuba Community College Health Center
2088 North Beale Road
Marysville, CA 95901

To release my medical information to: _____

The following require individual authorization for release:

1. Check information you would like disclosed, and then sign after the item on the line.
Mental Health Records _____
Drug/ Alcohol Treatment _____
HIV/ AIDS _____
2. Records requested:
Immunization records _____
Partial record, as specified: _____
3. Other: _____

I understand that this authorization is valid for 90 days after the date of my signature. I also understand that this authorization can be revoked, except to the extent that action has already been taken to comply with it.

Please Print Name: _____
SS#: _____ Telephone: _____ Date of Birth: ____/____/____
Address: _____
Signature: _____ Date: ____/____/____

Resource: With permission from FAO.