



SAN DIEGO MESA COLLEGE

7250 Mesa College Drive
San Diego, California 92111-4998
619-388-2600

**RECORDS RELEASE FROM MESA COLLEGE
STUDENT HEALTH SERVICES
7250 Mesa College Dr., San Diego, CA 92111
BLDG I4-209**

Date _____

To: San Diego Mesa College
Student Health Services
Ph: (619) 388-2774
Fax: (619) 388-2853

I authorize Mesa Student Health Services to furnish medical information concerning

_____ (patient's name) to:

Name _____

Address _____

Ph: (____) _____

Fax: (____) _____

The medical information includes information regarding the diagnosis and records of any treatment or examination rendered to me during the period from (date) _____ to _____

_____.

This authorization is effective now and will remain in effect until _____.

A photocopy of this authorization shall have the same force and effect as the original.

I understand I have the right to receive a copy of this authorization. I also understand that this authorization is subject to my revocation at any time except to the extent that the individual, agency, or organization has had a disclosure in reliance upon this consent.

Patient's signature _____

Date of birth _____ CSID# _____

Witness _____