



SAN DIEGO MESA COLLEGE

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

RECORDS RELEASE TO SAN DIEGO MESA COLLEGE

7250 Mesa College Dr., San Diego, CA 92111
Student Health Services, Bldg. I4-209,

Phone: (619) 388-2774 Fax: (619) 388-2853

Date _____

Fax # _____

Ph # _____

I hereby authorize _____ to furnish medical
Information, concerning _____ (patient) to Mesa College

Physician: _____ M.D.

Please include the diagnosis and records of any treatment or examination rendered to
me during the period from _____ to _____

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

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

I understand that 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 _____