



California Maritime Academy • CSU
Health Center

200 Maritime Academy Drive
Vallejo, California 94590
(707) 654-1170
FAX (707) 654-1171

Consent for the Release of Medical Information

Instructions: The patient must complete this form in its entirety in order for the Health Center to release or request any medical information. The patient must be specific as to the nature of the information to be released and the purpose for which it is requested. The patient is entitled to receive a copy of this release.

I AUTHORIZE THE CALIFORNIA MARITIME ACADEMY CSU HEALTH CENTER OR

NAME OF INDIVIDUAL OR AGENT

COMPLETE ADDRESS

TO RELEASE THE FOLLOWING INFORMATION: (PLEASE CHECK)

- Records of my treatment for dates beginning _____ and ending on _____
- Lab reports dated _____
- X-Ray reports/films dated _____
- Other _____

TO: _____
NAME OF INDIVIDUAL OR AGENT

COMPLETE ADDRESS

FOR THE PURPOSE OF: Commercial Cruise

This information is for use by the above named recipient only. It cannot be given to any other individual or agency without the patient's consent. This authorization will expire one month from the date below.

Patient Signature: _____ Date: _____

Printed Name: _____ SS#: _____

Witness: _____ Date: _____

FOR OFFICE USE ONLY:

Approved: _____

Record mailed (date): _____ By: _____

Other Remarks: _____

Records sent for (date): _____ By: _____
