



## Sierra College Athletic Training

5000 Rocklin Road, Rocklin, CA 95677  
Phone: 916-660-8107 Fax: 916-630-4566

### **Consent for Release of Medical Records**

I \_\_\_\_\_, give my permission to release the stated portions of my medical records to \_\_\_\_\_.

Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please release the following information from my medical records:

\_\_\_\_\_ Preparticipation Physical

\_\_\_\_\_ Entire Record

\_\_\_\_\_ Other

Specify: \_\_\_\_\_

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I understand that this release will become effective on the day that it is signed and will continue to be in effect for 90 days. I also understand that I may cancel this release at any time by notifying the Sierra College Athletic Training staff in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_