



Mail Stop: 37 ADM
9001 Stockdale Highway
Bakersfield, California 93311-1022

Authorization to Release Medical Records

To Whom It May Concern:

I, _____, hereby authorize California State University, Bakersfield to receive records or reports of
(your name)
examination(s) done by _____ regarding my fitness to work, any potential work restrictions
(your doctor's name)
I may have, or reasonable accommodations I may need, and other such medical information as may be pertinent to my job performance based on my current medical condition. The records will be sent to California State University, Bakersfield Human Resources at:

California State University, Bakersfield
9001 Stockdale Highway
Bakersfield, CA 93311 - 1022

This authorization is effective _____, and will remain effective through _____, unless otherwise rescinded.

I understand that I will receive a copy of this authorization upon request.

Employee Signature

Date