



Registrar's Office Medical Information Release

Please complete this form, sign, date and mail to: Manchester Community College, Registrar's Office, Great Path, MS #13, P.O. Box 1046, Manchester, CT 06045-1046 or fax this form to 860-512-3221.

STUDENT INFORMATION

First Name	MI	Last Name		
Previous Name		Date of Birth	Banner ID Number	
Mailing Address				
City			State	Zip
Home Phone Number	Cell Phone Number		Work Phone Number	

MEDICAL INFORMATION

I hereby grant permission to release copies of:

Please send information to:

SIGNATURE

Student Signature	Date
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FOR REGISTRAR OFFICE USE ONLY

Date Sent/Pickup _____/_____/_____

Processed by: _____