



UNIVERSITY OF CALIFORNIA, RIVERSIDE

Student Health Insurance

Riverside, CA 92521

Phone: 951-827-5683 **Fax:** 951-827-7171

www.campushealth.ucr.edu

**AUTHORIZATION FOR RELEASE OF FINANCIAL AND
INSURANCE INFORMATION**

I, _____, do hereby
STUDENT (please print full name)

Authorize the staff of Student Health Insurance, to release financial information regarding my
Student Health Insurance, insurance waiver and medical claims to:

The following person(s):

NAME (please print)

RELATIONSHIP

NAME (please print)

RELATIONSHIP

STUDENT SIGNATURE

DATE

STUDENT CAMPUS ID NUMBER