

UNIVERSITY COURTYARD

Summer 2011 Housing Application Brochure

University Courtyard • California State University, Fresno
5152 N. Barton Avenue RH 82 • Fresno, CA 93740-8013
1.800.555.0482 559.278.2345 Fax 559.278.5020

Summer 2011 on-campus living is ideal for Fresno State students. The convenience of on-campus living makes going to and from classes, the library, or University Dining fast and easy.

ACCOMMODATIONS:

- Air Conditioning is provided in the bedrooms and throughout the entire complex. Residents are encouraged to conserve energy and set air conditioners to 78.
 - Bedrooms are furnished with beds, mattresses, dressers, large desks, file cabinets, chairs, closets and storage space.
 - Living rooms furnished with loveseat, chair, coffee table, bookcase, and microfridge (microwave, refrigerator, freezer).
 - Utilities included (electricity, gas, water, garbage, and sewer).
 - Smoke-free suites. Smoking is permitted in designated outdoor areas.
 - Coed floor with men in one suite and women in another.
 - All room assignments are located on the first floor.
 - Outdoor swimming pool.
 - Fitness Center.
 - Mailboxes.
 - Electronic card operated laundry facilities.
-

HOUSING PAYMENTS:

- \$150 security deposit due along with application.
 - \$50 non-refundable application fee and full payment.
 - If no damage to facility occurs or clean-up required, the \$150 security deposit will be refunded by mail 3-6 weeks after check-out. See Cancellation Section.
-

RATES:

- REGULAR RATE: \$21.50 per person, per night, double occupancy.
 - FULL PAYMENT of summer session room fee required with application, \$50 non-refundable application fee and \$150 security deposit (Mastercard/Visa accepted).
-

MEALS:

- Meal Plans can be purchased from University Dining Services at 559.278.3904.
 - A kitchen is also available for student use.
-

PARKING:

- General parking permit required to park in all on-campus parking lots.
 - Parking permits are available for purchase in Joyal Administration in early May.
-

HEALTH INSURANCE:

- Required for students living on-campus. Must include after hours and weekend coverage for emergency health care.
-

WHAT TO BRING:

- Pillow and linens (extra long twin sheets, bedspread or blanket, pillowcase and towels).
 - Alarm clock or radio.
 - Personal care items (shampoo, deodorant, hairbrush, hairspray, toothbrush, soap, etc).
 - Summer clothes, swimsuit, hangers.
 - Internet connection provided - please contact ITS at 278.7000.
 - Television - free basic cable connection provided. Residents may bring a television. Premium service available for additional fee through Comcast at 1.800.266.2278.
-

OCCUPANCY DATES:

- Available Sunday, May 22, 9:00 a.m. through Friday, August 12, 10:00 a.m. Arrival prior to May 22 is not available. Residents who are accepted for University Courtyard 2011-2012 Academic Year occupancy may remain after August 12, and pay the nightly resident room rate for August 13-17. Use summer session or AEI course dates when completing Length of Stay dates.
-

ASSIGNMENT:

- Priority based on length of stay, date of receipt of completed application materials and full payment including \$50 non-refundable application fee and \$150 security deposit. Due to limited space, students are encouraged to apply early.
- Upon receipt of completed application, license agreement, emergency insurance card, meningococcal form, full payment, non-refundable application fee and security deposit you will be notified by mail, phone, email or fax of space availability.

Note: Room assignment provided at check-in.

CANCELLATION:

Completed cancellation form required subject to following:

- At least 14 days prior to check-in date: assessed \$50 processing fee and \$50 non-refundable application fee.
 - 1 to 13 days prior to check-in: \$50 processing fee, \$25 per day assessment and \$50 non-refundable application fee.
 - Check-in date or later, full fee is charged. No refund available.
-

ADMISSION STATUS:

- The university admission process and the on-campus living application processes are separate. If you have questions about your admission status, visit my.csufresno.edu or contact the Admissions office at 559.278.2191, Monday-Friday, 8 am- 3 pm.
-

SUMMER 2011 ON-CAMPUS LIVING APPLICATION *

Follow the steps below:

- 1 License agreement (enclosed) - Read terms and conditions carefully, print or type information, sign, keep copy for your records.
- 2 Application - complete two-sided application.
- 3 Emergency Information and Health Insurance Card - complete information card.
- 4 Meningococcal Form - complete information and return.
- 5 Payment - Enclose check made payable to University Courtyard for room rate fee, \$50 non-refundable application fee and \$150 security deposit. Write name and social security/International Fresno State ID number on check OR Provide Visa or Mastercard information on license agreement. Your security deposit and full payment for your summer stay will be charged to the account.
- 6 Enclose completed application with license agreement, emergency information card, meningococcal form, and full payment including security deposit and non-refundable application fee in the envelope provided and mail materials to University Courtyard, California State University, Fresno, 5152 North Barton Avenue M/S RH 82, Fresno, California 93740-8013.

PRINT INFORMATION:

Name _____
 Last (Family) _____ First _____ Middle _____

Mailing Address _____
 Street/PO Box Number _____ City _____

_____ Zip Code _____ Country _____ State _____

Telephone () _____ () _____
 Permanent _____ Cell Phone _____

Gender Male Female

Birth Date ____/____/____
 month day year

Smoking** Do you smoke? Yes No
 Do you object to smoke? Yes No

**Smoking is not permitted in University Courtyard buildings and rooms or on-campus buildings pursuant to State law.

2011-2012 Housing
 Are you planning to be a University Courtyard Resident for 2011-2012? Yes No
 Would you like an application packet sent to you? Yes No

Fresno State Status
 Will you be a Fresno State student for the Fall 2011 semester? Yes No
 Will you be taking classes during Summer 2011? Yes No

If you are taking classes, please indicate the session(s) you will be attending:

- All sessions May 23-August 12
- May 23 - June 10
- June 13 - August 12

*All dates subject to change.

AEI (AMERICAN ENGLISH INSTITUTE) SUMMER COURSE

- May 31 - August 5

* Group leaders for conferences or workshops must make advanced group reservations through the Summer Conference Office at 559.278.4705.

(continued on reverse side)

SUMMER 2011 ON-CAMPUS LIVING APPLICATION (CONTINUED)

Room Rates: number of nights x \$21.50 nightly room rate = \$

Non-refundable application fee (\$50.00) must be included with payment. \$ 50.00

Security Deposit (\$150.00) must be included with payment. \$ 150.00

(Unless full deposit already on account)
 Security deposit refunded and mailed to resident 3 to 6 weeks after check out or kept on account if 2011-2012 resident. See Security Deposit and Cancellation Section for additional information.

Total: (full payment required) \$

Payment Method: Visa or Mastercard listed on License Agreement
 Check drawn on U.S. Bank with number encoded

Make check payable to: University Courtyard.
 5152 N. Barton Ave. M/S RH82
 Fresno, CA 93740-8013

(Write name and social security/Fresno State ID number on check.)

Length of Stay: _____
 Check In Date (Date you plan to move in)

Check Out Date (Date you plan to move out)

For Office Use Only

ITEM	SIGNATURE REQUIRED	DATE
Charges Assessed _____		
Amount Charged _____	Acct. Staff _____	
Damage Charge Assessed? _____		
Amount Charged _____	Acct. Staff _____	
Security Deposit Refund Approval: _____		
Amount: _____	Acct. Staff _____	

STUDENT HOUSING LICENSE AGREEMENT SUMMER 2011

Submit original. Keep copy for your records.

PRINT CLEARLY OR TYPE INFORMATION:

Section I: Licensee Personal Information (REQUIRED)

 Social Security Number (REQUIRED) Fresno State I D # Date of Birth (month/day/year) Gender

Last (Family) Name First Name Middle Initial

Permanent Address: _____
 Street Address/P.O. Box Apt/Suite

City () State () Zip Code Country

Permanent Phone Other Phone

Section II: Designated Payor

a) Complete section II if someone other than the applicant listed in Section I will be making the housing payment.
 b) Designated Payor must sign below
 c) Required if applicant is under 18 years of age

Last (Family) Name First Name Middle Initial Social Security #

Permanent Address: _____
 Street Address/P.O. Box Apt/Suite

City () State () Zip Code Country

Permanent Phone Other Phone

Section III: Financial Information (REQUIRED)

a. Are you under 18 years of age? Note: If YES, parent or guardian must sign below. Yes No

b. Do you possess proof of health and accident insurance? Yes No

c. Are you a citizen of the United States? Yes No

If NO, indicate Visa/Permit/Passport type, date, and number _____

d. Have you ever been convicted of a felony? Yes No
 If YES, please provide in writing the charge & penal code section, date of conviction, case number, county & state of conviction. _____

e. Do you consent to the release of your housing records to your parent, guardian, designated payor and/or sponsor? Yes No
 Required if Licensee is under 18 years.

Section IV: Accommodation Information

All assignments are in two or three bedroom residence suites with shared living room and bathroom. Bedrooms are double occupancy and up to six residents of the same gender may share a suite. Room assignment provided when you arrive and check in at the Atrium Customer Service Desk, Fresno State 5152 N. Barton Ave. M/S RH 82, Fresno, CA 93740-8013

Section V: Payment Plan Information (REQUIRED) (See reverse side of license agreement for deduction information and terms)

Select a payment method: Cash Check drawn on US funds Visa/Mastercard

OPTIONAL: If you would like to have a Visa or MasterCard automatically debited you must provide the following information: _____

Visa Card No.	MasterCard No.	Expiration Date	Cardholder's Name (print)	Authorized Signature <input type="text"/>
---------------	----------------	-----------------	---------------------------	---

Charge the following items [check appropriate box(es)]:

\$50 non-refundable application fee
 \$150 security deposit
 Full room payment

By this AGREEMENT, California State University, Fresno Association, Inc. through its operating unit University Courtyard or its designee, ("LICENSOR"), permits the person named below ("LICENSEE") to occupy an assigned bed space within the housing facilities at The California State University, Fresno, and to participate in a meal plan option. In return the LICENSEE agrees to timely pay LICENSOR the entire fee specified in the applicable schedule of on-campus living/meal plan fees which schedules are designated by Licensor and incorporated herein by this reference, and to comply with the Terms and Conditions on the reverse-side of this AGREEMENT. THE LICENSEE MAY BE RELEASED FROM THE OBLIGATIONS INCURRED HEREUNDER ONLY UPON THE WRITTEN CONSENT OF LICENSOR. Statements will be deposited in student mailboxes unless a Section II Designated Payor is completed and "designated payor" signature provided in Section V. LICENSEE's failure to timely pay debts due hereunder may result in a withholding of permission to register, permission to use facilities and/or permission to receive services, materials, food or merchandise. LICENSEE ATTESTS THAT HE/SHE HAS READ AND UNDERSTANDS THIS AGREEMENT AND THAT THE STATEMENTS HEREIN ARE TRUTHFUL. LICENSOR may make reasonable inquiry into any of the above statements. By signing below any financial aid student or scholarship student ("PRINCIPAL") grants a limited power of attorney appointing LICENSOR attorney-in-fact for enforcement of fee obligations, and such student agrees to be responsible for fees owed should financial aid or scholarship funding be denied, to any extent. BY SIGNING BELOW ANY PARENT, GUARDIAN, OR DESIGNATED PAYOR AGREES TO PERFORM AND BE SUBJECT TO ALL TERMS, PROVISIONS, COVENANTS AND CONDITIONS HEREIN and further agrees that by signing below he/she is granting consent to California State University, Fresno to provide photographic information regarding the Licensee to University Courtyard. Signature of parent/guardian is required if Licensee is under 18 years of age.

Signed _____ Date _____
 Licensee/Principal (REQUIRED)

Signed _____ _____ Date _____
 Parent/Guardian (REQUIRED if Licensee is under 18 years) Designated Payor (REQUIRED if Licensee is under 18 years OR if Section II completed)

THIS LICENSE AGREEMENT IS HEREBY ACCEPTED BY THE UNIVERSITY COURTYARD AS LICENSOR (Bed space subject to availability)

By _____ Date _____ Office Use Only: Application Fee Received: _____ Security Deposit Received: _____
 Full Payment Received: _____

All applicants REQUIRED to:

1. Consult accompanying materials
2. Submit with license agreement:
 - a. \$50 non-refundable application fee
 - b. \$150 security deposit
 - c. Application
 - d. Emergency Information Card
 - e. Meningococcal Information Form
3. Keep copy for your records

TERMS AND CONDITIONS OF OCCUPANCY

- I. LICENSE AGREEMENT: All terms and provisions herein shall be construed to be both covenants and conditions. Licensor grants permission to use the housing facilities in consideration of Licensee's timely payment of the specified fee and Licensee's timely compliance with this Agreement and all terms and provisions hereof. This Agreement is not intended to create any interest in real property, taxable, possessory, or otherwise. This Agreement consists of this document and all matters and materials referenced herein, as amended, all of which are equally available, provided herewith, and/or are available from Licensor. The Agreement may not be changed, amended, waived, or altered in any way without the express written consent of Licensor. As to performance of this Agreement time is of the essence. Licensor reserves the right to assign this License Agreement.
- II. COVENANTS OF LICENSOR: Licensor agrees that it will: provide bed space and furnishings, provide Licensee with a scheduled pro rata refund upon any unanticipated destruction or unavailability of bed space, and provide Licensee with any other refund as required by this Agreement.
- III. COVENANTS OF LICENSEE: Licensee agrees that he/she will: comply with all terms and provisions of the Agreement, must be enrolled in California State University Fresno for following academic semester; maintain satisfactory health and accident insurance with minimum coverage of \$2000 in hospital benefits, \$150 in medical benefits, \$350 in surgical benefits and \$50 in emergency outpatient benefits per accident or sickness (health and accident insurance coverage provided by the University may not cover services provided off-campus); accept responsibility for his/her personal property (Licensee acknowledges that, without limitation, Licensor is not responsible/liable for lost, damaged, or stolen property in or on the premises, including the housing facilities and parking areas, and that Licensor provides no insurance - Licensee is advised to purchase suitable insurance coverage); accept whatever bed space is assigned/reassigned; refrain from subletting, transferring or assigning any rights/obligations hereunder absent the express written consent of Licensor; act reasonably, lawfully and in a manner appropriate to the social, educational, and recreational opportunities provided by Licensor and comply with all established Licensor policies and procedures; follow established procedures as to guests/visitors and take responsibility for the conduct of guests/visitors; allow Licensor/designee reasonable entry into any portion of the housing facilities, for purposes of health and safety exit inspections, or otherwise; vacate the housing facilities immediately upon the earlier of expiration or revocation of the license granted hereunder; refrain from altering, disturbing or damaging the housing facilities, furnishings, common areas, and surrounding environment; pay, individually or in combination with other Licensees, a reasonable charge for any such damage; refrain from smoking within buildings upon the premises; refrain from any conduct which, in the opinion of Licensor, poses an unreasonable risk of damage or injury; waive all personal injury and/or property damage claims including attorney's fees, and indemnify, defend and hold harmless Licensor, The California State University, Fresno, The California State University Board of Trustees, State of California, and their respective officers, employees, agents, departments, boards and commissions, as to any and all injuries, damages, and/or claims arising out of or in any way connected with this Agreement, including any claim arising from a premature loss of use or termination of license, caused by other than the intentional or negligent acts or omissions of indemnitee(s). Licensee agrees that each and every covenant on Licensee's part hereunder, including the covenant to make timely payment of all license fees, is not conditioned on the timing or receipt of student scholarship and/or financial aid monies.
- IV. REVOCATION BY LICENSOR: Licensor may, upon reasonable notice, revoke this license upon Licensee's breach or violation of any term or provision herein, or upon any unforeseen condition which impacts the availability of housing facilities. Upon any revocation or premature termination of this license, and unless otherwise expressly provided herein, the Licensee shall remain responsible for payment of all financial obligations incurred hereunder absent the express written consent of Licensor.
- V. TERMINATION BY LICENSEE: Licensee may cancel a housing facility bed space reservation for any reason upon (1) submission of a certified letter of cancellation; (2) Licensor's receipt and approval thereof; and (3) Licensee's payment of both \$50 processing fee; and, if notice of cancellation is given less than 14 days prior to start of the fee period, an additional assessment of up to \$25/day for each day during such 14 day period that notice is not given (such assessment not to exceed \$350). A housing facility bed space may be vacated without further obligation on the Licensee's part only upon completion of all of the following: (1) Licensee's submission of a Petition to Cancel/Vacate (available from the Licensor) stating facts sufficient to support such relief as determined by Licensor in its sole discretion; Licensor's receipt and approval thereof; and (2) Licensee's payment of both a \$50 processing fee, and at the sole discretion of Licensor, an amount which shall not be less than the equivalent of one month's worth of all payments due under this License Agreement, and shall not be more than the sum of all unpaid amounts due and to become due hereunder though the remainder of the term hereof. No form or method of termination other than that authorized in this section V shall be valid.
- VI. SECURITY DEPOSIT/LATE FEES: Licensee may be required to pay a refundable, non-segregated, non-interest bearing security deposit against damage or breach hereof. Prior to acceptance of this Agreement the Licensor shall give Licensee written notice of any required security deposit, specifying the amount thereof. Any such notice shall be deemed to be a material term and provision of this Agreement and shall be expressly incorporated herein. Any remaining principal thereof is to be applied against any obligation(s) owed hereunder. All payments hereunder not received within ten (10) calendar days of the due date will be charged Twenty Five Dollars and 00/100 (\$25.00) late fee.
- VII. SERVICE CHARGE: A non-refundable service charge of \$10 per payment, not to exceed \$100 per academic year, is required on all payments. Additional service charges may be assessed according to established schedule.
- VIII. NOTICES: Any notice hereunder must be in writing and must be sent as a certified letter directed to a party or its authorized agent at an address of record or at such address as otherwise designated by such party upon 14 days written notice to the other party.
- IX. ENTIRE AGREEMENT: This Agreement incorporates and is subject to, without limitation, all applicable laws, rules, regulations, contracts/instruments, and related materials supplied by/available from Licensor.

Submit the original. Keep a copy for your records.

First Letter Last (Family) Name	<i>Last (Family) Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Name you go by</i>
	<i>Fresno State ID#</i>	<i>Date of Birth (month/day/year)</i>		<i>Age</i>

California State University, Fresno Association, Inc.

University Courtyard

Emergency Information and Health Insurance Card

(Must be completed and returned with application, license agreement, application fee, meningococcal information form and security deposit).

University Courtyard residents must maintain satisfactory health and accident insurance with a minimum coverage of \$2,000 in hospital benefits, \$150 in medical benefits, \$350 in surgical benefits and \$50 in emergency outpatient benefits per accident or sickness. The medical services available weekdays from the campus University Health and Counseling Center and included in your university fee do not include off-campus medical care (i.e., emergency room, weekend and evening services). Because of the extreme personal expense of most medical services available off-campus, residents must carry health and accident insurance through a personal, federal, state, or parent group plan.

Person to notify in case of emergency (Print or type information)

<i>Name</i>	<i>Relationship</i>	()	Day Telephone
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
			<i>Country</i>
			Night Telephone

Do you have any health problems or conditions that you feel University Courtyard staff should be aware of? Yes No

If yes, indicate: _____

Check one: I plan to purchase health insurance and provide University Courtyard with information within two weeks of my move-in date.
 I am covered by health insurance (personal, federal, state or group plan through my parents). Complete insurance information below.

<i>Name of Insurance Company OR Federal or State Health Insurance Plan</i>	<i>Policy Number</i>
<small>Provide your personal physician's name, address and phone number so your medical records could be obtained at a doctor's request if you require emergency care at a Fresno area medical center.</small>	

<i>Family or Preferred Private Physician</i>	()	<i>M.D. Telephone</i>
<i>M.D. Address</i>	<i>City</i>	<i>State</i>
		<i>Zip</i>

If you are 1) under 18, a parent or legal guardian must complete the "Consent Authorization for Medical Treatment" and sign below.
2) in a sponsored program, complete the "Program Representative Release of Information" below

California State University, Fresno Association, Inc.

University Courtyard

Consent Authorization for Medical Treatment

(must be completed by parent or legal guardian if you are under 18)

The undersigned parent or guardian of _____ who is _____ years old, hereby authorizes the staff of the University Courtyard, as agents of the undersigned, to consent to any medical care including X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 6900 et seq of the California Family Law Code.

<i>Signature of Parent or Guardian</i>	<i>Date</i>
--	-------------

Program Representative Release of Information

Do you approve the notification of your program representative in case of an emergency Yes No

If yes, print contact name: _____

contact telephone number: () _____ () _____
Day Night

What Is Meningococcal Disease?

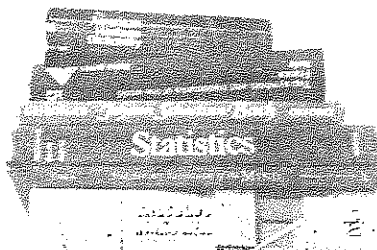
Meningococcal (me-nin-je-kok-ul) disease is caused by *Neisseria meningitidis* bacteria. The two most common forms of meningococcal disease are **meningitis** (bacterial infection of the fluid and covering of the spinal cord and brain) and **meningococemia** (an infection of the bloodstream). Meningitis can also be caused by other bacteria and viruses.

How Is It Diagnosed?

A diagnosis is commonly made by growing the bacteria from infected spinal fluid or blood. Identifying the bacteria is important for selecting the best antibiotics, but it is most important to start treatment early.

How Many People Get the Disease?

Meningococcal disease is rare. An estimated 1,400 to 2,800 people get meningococcal disease each year in the U.S. (about 1 case for every 100,000 people), with 200 to 400 of them in California. Of the 16 million U.S. college students, about 100 get meningococcal disease each year.



How Serious Is It?

Even if treated, 10–14% of people who get meningococcal disease will die from it. Of the survivors, 11–19% lose their arms or legs, become deaf or brain damaged, or suffer other complications.

Who Is Likely to Get It?

College students are less likely to get meningococcal disease than other people their age (18–23 years old). However, **college freshman living in dormitories** are more likely to get the disease than college and university students as a whole. Also, living with a smoker increases the chance for getting the disease.

How Are Meningococcal Bacteria Spread?

The bacteria are spread from person to person in secretions from the nose and throat. An infected person can pass it on by activities such as kissing, sharing cigarettes, lipstick, lip balm, and drink containers, including soda cans and water bottles. The bacteria can live outside the body for only a few minutes; if the germs contaminate a desk or book, they soon die and won't infect a person who touches it later.

Overall, 5–10% of the U.S. population has the meningococcal bacteria in their throat, but only a few of them get sick. No one knows why some people get sick and others don't.

How Can I Protect Myself?

You can protect yourself by:

- not sharing items that have touched someone else's mouth, such as cups, bottles, cigarettes, lip balm, and eating utensils;
- not smoking; and
- getting the meningococcal conjugate vaccine. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommends it for freshmen living in dormitories and for all 11–12 year olds and 15 year olds.

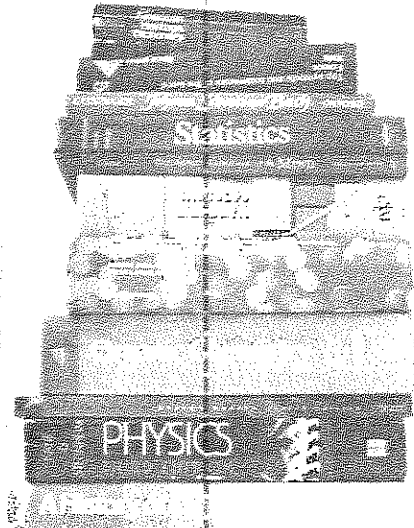
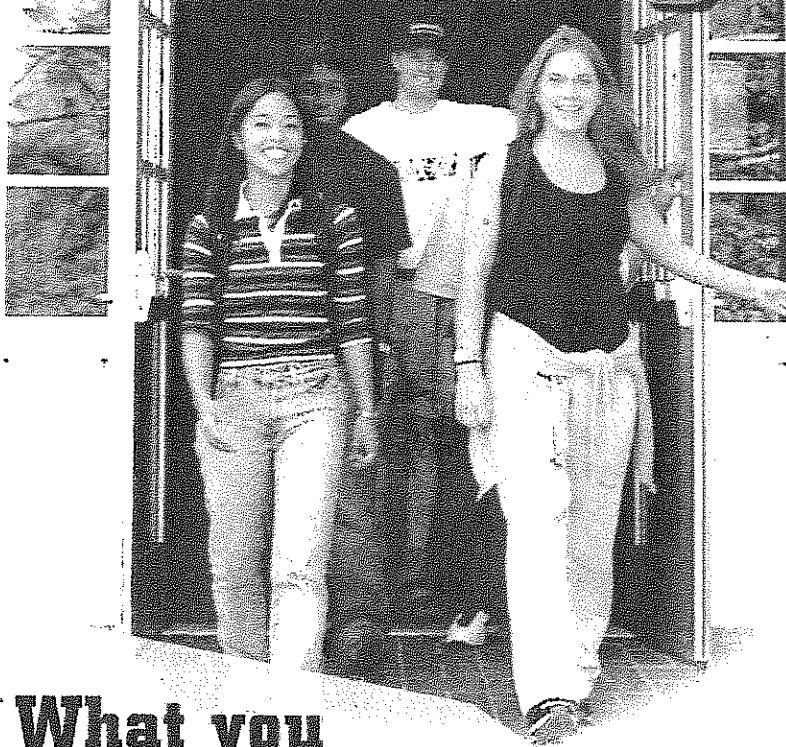
How Effective Are the Vaccines?

The meningococcal conjugate vaccine became available in 2005 and is more effective than the earlier meningococcal polysaccharide vaccine. Both vaccines work well (protecting about 90% of people) against four groups of *N. meningitidis* bacteria, but do not protect against one other common group.

The meningococcal conjugate vaccine is expected to give protection that lasts at least several years. It should also help to prevent the disease from spreading from person to person. Ask your doctor about the benefits and risks of this vaccine.



Off to College?



What you should know about meningococcal disease:

- Meningococcal (me-nin-je-kok-ul) disease is a serious illness caused by bacteria that can infect the blood or areas around the brain and spinal cord. Infection can lead to brain damage, disability, and rapid death.
- Meningitis is the most common form of meningococcal disease. Common symptoms of meningitis include stiff neck, headache, and high fever.
- College freshmen, particularly those who live in dorms, are more likely to get the disease. About 100 cases occur on U.S. college campuses each year, resulting in 5–15 deaths.
- Meningococcal vaccine can protect against four of the five most common groups of bacteria that cause meningococcal disease.

The new meningococcal conjugate vaccine is recommended for college freshmen living in dorms.

Before you start college, make sure you are up-to-date on all your immunizations: measles, mumps, rubella; tetanus, diphtheria, pertussis; varicella; and hepatitis B. Get the meningococcal vaccine if you will be living in a dorm.

Colleges and universities may require some of these for admission.

Look for more information:

Centers for Disease Control and Prevention: www.cdc.gov

American College Health Association:

www.acha.org/info_resources

Ask your health care provider or student health service!

Students in On-Campus Housing:

I have reviewed this information and...

- I intend to receive meningococcal vaccine.
- I do not intend to receive meningococcal vaccine.
- I already received the meningococcal vaccine.

Printed Name _____

Birthdate _____

Signature _____

Date _____

Return signed form to college or university.



State of California • Health and Human Services Agency

Department of Health Services • Immunization Branch • 850 Marina Bay Parkway • Richmond, CA 94804

IM-1-688 (3/06)