



**IMPERIAL VALLEY COLLEGE**

P.O. Box 158, Imperial, CA 92251

IVC Student Health Center (IVC-SHC)

**PHONE:** (760)355-6310 | **FAX:** (760)355-5738

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**I hereby acknowledge I am responsible to provide copy of laboratory results required for my program clearance.**

Student Name: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

G#: \_\_\_\_\_

Program: \_\_\_\_\_

**Date:** \_\_\_\_\_

Witness: \_\_\_\_\_