

Our records show you do not possess proof of health and accident insurance which acknowledges that you understand you are responsible for all medical expenses. Please sign and return the completed form to the Atrium Customer Service Desk or email it to housing@csufresno.edu.

If you have recently purchased health insurance and need to change your application, please call our office at 559-278-2345 and speak with one of our customer service staff members. We can assist you in updating your information.

Resident Information:

Name: _____ Fresno State ID #: _____

Phone: _____ E-mail Address: _____

I am not covered by health insurance.

I understand I am responsible for any medical expenses that may arise for the duration of my student housing license agreement and do not hold Fresno State Student Housing , California State University, Fresno or the California State University Fresno, Association, Inc. liable for these expenses.

Signature

Date