



**SEAWOLVES SPORTSMEDICINE**

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**RELEASE OF MEDICAL INFORMATION AUTHORIZATION**

I understand that as a student-athlete, my medical records and health information will be kept confidential in accordance with THE FAMILY EDUCATION RECORDS PRIVACY ACT (FERPA), the Buckley Amendment.

I, \_\_\_\_\_ hereby authorize the Sonoma State University Athletic  
(Print name of student athlete)  
Training staff, its Team and Student Health Center (SHC) physicians and staff to release my protected health information regarding any injury or illness during my physical training and participation in SSU Intercollegiate Athletic activities TO the SSUAD medical, coaching or administrative staffs, parents or legal guardian.

I understand that my protected health information will be used by the staff's mentioned above for the purpose of "continuity of care" and that my authorization/consent is not contingent in order to be eligible for participation in NCAA athletics.

This authorization/consent expires 380 days from the date of my signature below.

\_\_\_\_\_  
Print-Student Athlete Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Student-Athlete

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Signature- Parent/Guardian if under 18 years of age

\_\_\_\_\_  
Date