

**AUTHORIZATION FOR RELEASE OF INFORMATION**

This is to authorize Ursinus College athletic training staff, physicians, consulting physicians, and other athletic personnel, to release medical information regarding \_\_\_\_\_(name) to the Sports Information Department, coaches, administrative staff, vendors of medical appliances (braces, etc.), athletic department secondary insurance company, host institutions, various media outlets, and professional team personnel (i.e. scouts, athletic trainers, etc.) concerning illness or injury relative to my past, present, or future participation in athletics at Ursinus College.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

Signature must be of athlete over 18 years of age. If under 18, please have it signed by a parent or guardian.

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Parent or guardian