

UNIVERSITY OF KENTUCKY ATHLETIC DEPARTMENT

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 (20 USC 1232g) (FERPA).

I give my authorization for the University of Kentucky Athletic Department (UKAD), administrators, coaches and staff, including UKAD Athletic Trainers and UKAD Media Relations, University of Kentucky (UK) Public Relations, and UK Team Physicians and/or any and all of my health care providers, to release information regarding my medical history, record of injury, surgery, rehabilitation results and/or any other health information to UKAD administrators, coaches and staff, including UKAD Media Relations, UK Administration, including UK Public Relations, parents or guardians, news media, and/or representatives of any professional or amateur athletic organization upon request.

This release does not include results of any drug or alcohol testing conducted pursuant to the University of Kentucky Athletic Department's Alcohol and Drug Program.

PRINT - Student-Athlete Name

Date

SIGNATURE - Student-Athlete

Date

SIGNATURE - Parent/Guardian if under 18 years of age

Date