ARIZONA STATE UNIVERSITY
Student Athlete Information Release
Academic Year 1999-2000

Student Name: ____________________________

I give my permission to the following Designated ASU Offices to exchange confidential personal, mental health, and medical information concerning me when necessary to coordinate my medical and mental health care: Student Health, Counseling and Consultation, Disability Resources and other confidential counseling services provided by or on behalf of ASU. I also give permission for the Designated ASU Offices to receive confidential information from and provide confidential information to any outside health professional directly involved in my care.

I give my permission for the Limited Release of medical, mental health and related information, including appointment dates and attendance records, from the Designated ASU Offices to the following individuals: the Office of the President, the Head Coaches, the Athletic Director (or designee), the Associate Athletic Director for Student and Administrative Services, the University's NCAA Compliance and Eligibility Coordinator and the Faculty Athletics Representative. This Limited Release allows the release of confidential information only to the extent necessary to determine payment for medical and related services rendered on my behalf, to determine compliance with NCAA/PAC-10 and University rules regarding eligibility and medical treatment of student-athletes, and to confirm appointment attendance.

This Information Release does not authorize any release of confidential information to academic departments, the Office of Student Life, the Office of Residence Life, the Department of Public Safety, or anyone else not designated in this release.

I may revoke this release at any time by notifying any one of the Designated ASU Offices or the Team Physician in writing. Revocation will not affect any release made prior to the revocation. This release will expire automatically on August 15th following the end of the Academic Year.

Signature: ____________________________ Date: ____________________

If student is younger than 18 years old a parent or legal guardian must sign.

Signature: ____________________________ Date: ____________________

Printed Name: SAMPLE