

# **SAMPLE**

## **Release of Information Authorization**

I, \_\_\_\_\_,  
give my consent for the team physician, athletic trainers or other medical personnel at  
the University of \_\_\_\_\_ to release such information  
regarding my medical history, record of injury or surgery, record of serious illness and  
rehabilitation results as may be requested by a representative of the National Football  
League, any National Football League team's medical staff, National Football Scouting,  
Inc., Blesto Inc. or National Invitational Camp, Inc.

I understand that such an agent has made representations to the team  
physician, athletic trainers or other medical personnel of the University  
of \_\_\_\_\_ that the purpose of this request for my medical  
information is to assist that organization represented in making a determination as to  
offering me employment. This information is normally confidential and, except as  
provided in this release, will not be otherwise released by any of the parties in charge of  
the information. This release remains valid until revoked by me in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date