

## FERPA Voluntary Consent for Release of Records

UMBC Sports Medicine 1000 Hilltop Circle Baltimore, MD. 21250

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of students by prohibiting the release of many types of personally identifiable student information and other information contained in the student's educational record. Information within the student's educational record may not be released without the student's consent. UMBC sports medicine records meet the definition of educational records as defined in and protected by the Buckley amendment (FERPA).

I hereby authorize the athletic trainers, team physicians, UMBC healthcare services and counseling, and athletics staff representing UMBC to release information concerning my medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information to my parents/guardian. The reason for this disclosure is to advise my parents/guardian of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses so that they may assist me in making healthcare decisions while I am a student-athlete. The student-athlete will be asked for consent by the sports medicine staff on a case by case basis before the release of any information to a third party, unless the student-athlete is in an unstable condition physically or mentally.

Person to whom records are to be released:

_____ <i>Parents/guardian name</i>	_____ <i>telephone</i>
_____ <i>Printed name of student athlete</i>	_____ <i>Student Social Security number (for verification)</i>
_____ <i>Signature of student-athlete</i>	_____ <i>Date</i>
_____ <i>Signature of parent/legal guardian (if student-athlete is under 18 years of age)</i>	_____ <i>Date</i>

You are under no obligation to consent to this release of your educational records. This authorization for disclosure may be withdrawn in writing at any time except to the extent that action on this authorization has not already occurred.

*Please note, to be considered this consent form must be legibly completed, SIGNED and DATED. This form is to be kept as part of the Sports Medicine record for seven years.*

*last updated 5/26/09*