



**STUDENT-ATHLETE AUTHORIZATION/CONSENT FOR DISCLOSURE OF
PROTECTED HEALTH INFORMATION TO UCSC INTERCOLLEGIATE
ATHLETICS, UCSC MEDICAL/ASSOCIATED STAFF, AND LEGAL GUARDIANS**
University of California, Santa Cruz

I, _____, hereby authorize the University of California,
(Print name of Student-Athlete)

Santa Cruz, its physicians, athletic trainers, and associated health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in Intercollegiate Athletics to UCSC Intercollegiate Athletics, UCSC Medical/Associated Staff, Legal Guardians, and its employees or agents.

I understand that my protected health information will be used by the aforementioned for the purpose of continuity of care.

I understand that my injury/illness information is protected by federal regulations under the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or UCSC Intercollegiate Athletics.

This authorization/consent expires 365 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the Athletic Director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Print name of Student-Athlete	Signature of Student-Athlete	Date
Print name of Parent/Guardian (If under 18 years)	Signature of Parent/Guardian (If under 18 years)	Date

Please keep a copy of these documents for your records.

**THIS PACKET MUST BE SIGNED AND RETURNED TO THE UC SANTA CRUZ DEPARTMENT OF
ATHLETICS**

Return to:
UC Santa Cruz – East Field House
1156 High Street
Santa Cruz, CA 95064
ATTN: Athlete Medical Packets