

RELEASE OF INFORMATION

Full Name: _____
(first) (middle) (last)

Date: _____

WFU ID Number or Social Security Number: _____

Sport: _____

I hereby request that Student Health Service release to Sports Medicine Unit my Health Information Summary Form that contains my medical history, my pre-school physical examination, and my immunization record. Information concerning care received at the Student Health Service (including medications dispensed from the pharmacy) during my time as a student-athlete at Wake Forest University may be released to Sports Medicine Unit with my verbal or written permission given at the time of service.

Signed: _____

Witnessed by: _____ Date: _____