RECSPORTS
UNIVERSITY of FLORIDA

CONSENT TO RELEASE INFORMATION

RISK MANAGEMENT

Name:_____UFID:_____

Date of Birth:_____ Phone #: _____

Address:_____

Street Address City State Zip Code

Date of Request:_____ Date of injury:_____

I, _____, hereby authorize University of Florida Department of Recreational Sports:

To release my Risk Management records to:

- ☐ Myself
- ☐ My Parent or Legal Guardian
- ☐ My Caregiver(s)
- ☐ My Insurance Company
- ☐ Any University of Florida Department – Department Name:_____
- ☐ Other:_____

The records should be via the following selection to the person(s), department or company listed below:

- ☐ Email
- ☐ FAX
- ☐ US Postal Service

Name:_____ Email Address:_____

Phone #: _____ Fax #: _____

Address:_____

Street Address City State Zip Code

- I understand that the Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that establishes the rights of students with regard to education records and ensures students of the right to privacy and confidentiality with respect to those records. Florida law provides similar privacy protections to students.
- This authorization is provided as a means for students/former students to give the University of Florida Department of Recreational Sports permission to discuss and/or disclose their education records and/or information from their education records with someone other than the student/former student (i.e., with a parent, guardian, etc.).
- I also understand I have the right to revoke this authorization and consent at any time except to the extent that the release of information has previously taken place before the date of revocation.
- By authorizing release to third parties, I explicitly acknowledge and waive my confidentiality rights under FERPA.
- By signing below, I acknowledge that I have read and understood this entire document, and I have voluntarily given my consent to the University of Florida Department of Recreational Sports to release my records as designated above.

Signature: _____Date: _____