



AUTHORIZATION TO DISCLOSE INFORMATION FOR CLINICAL/EDUCATIONAL PLACEMENT

The Family Education Rights and Privacy Act of 1974 (FERPA), otherwise known as the “Buckley Amendment,” is a federal law that prohibits access to or release of student educational records or personally identifiable information contained in such records (other than directory information) without the prior written consent of the student.

This form is provided for you to give the University of Michigan School of Kinesiology for Intraoperative Neuromonitoring (“UMIONM”) permission to disclose your current Physical Examination, Technical Standards, Cardiopulmonary Resuscitation (CPR) Certification, Criminal Background Check, Drug Test Results (if applicable), and the following immunization records: Tuberculin (TB) Skin Test; Hepatitis B; Measles, Mumps, and Rubella (MMR); Varicella Zoster (Chicken Pox); Tetanus, Diphtheria, and Pertussis (Tdap); and Flu shot to third party clinical/educational placement site(s). If for any reason you decide to revoke this authorization, please submit a letter to the OSAMS office in Suite 3150 revoking your authorization and indicating the site(s) affected by such revocation.

Please complete the following information:

First Name	
Last Name	
Phone Number	
Uniqname (@umich.edu)	
UMID #	

AUTHORIZATION TO DISCLOSE

I hereby authorize UMIONM to disclose my current Physical Examination, Technical Standards, Cardiopulmonary Resuscitation (CPR) Certification, Criminal Background Check, Drug Test Results (if applicable), and the following immunization records: Tuberculin (TB) Skin Test; Hepatitis B; Measles, Mumps, and Rubella (MMR); Varicella Zoster (Chicken Pox); Tetanus, Diphtheria, and Pertussis (Tdap); and Flu shot specifically for the purpose of my placement at third party clinical/educational site(s).

I understand that (you must check both boxes, enter your name, and sign and date below):

- I have the right to refuse the release of my Physical Examination, Technical Standards, Cardiopulmonary Resuscitation (CPR) Certification, Criminal Background Check, Drug Test Results (if applicable), and the following immunization records: Tuberculin (TB) Skin Test; Hepatitis B; Measles, Mumps, and Rubella (MMR); Varicella Zoster (Chicken Pox); Tetanus, Diphtheria, and Pertussis (Tdap); and Flu shot.



- This authorization will remain in effect until revoked by me in writing and delivered to the OSAMS office in Suite 3150. Such revocation will not affect disclosures previously made by UMIONM before receipt of any such written revocation. Unless revoked by me in writing, this authorization will expire upon completion of my movement science degree at UMSK.

First Name	
Last Name	
Signature	
Date	

REFUSAL OF AUTHORIZATION TO DISCLOSE

I refuse to authorize UMSK to release my current Physical Examination, Technical Standards, Cardiopulmonary Resuscitation (CPR) Certification, Criminal Background Check, Drug Test Results (if applicable), and the following immunization records: Tuberculin (TB) Skin Test; Hepatitis B; Measles, Mumps, and Rubella (MMR); Varicella Zoster (Chicken Pox); Tetanus, Diphtheria, and Pertussis (Tdap); and Flu shot to third party clinical/educational site(s). I understand that such information may be required by the site(s) in order for me to participate in any clinical/educational program at the site(s).

First Name	
Last Name	
Signature	
Date	