

SAMPLE

Release of Information Authorization

I, _____,
give my consent for the team physician, athletic trainers or other medical personnel at
the University of _____ to release such information
regarding my medical history, record of injury or surgery, record of serious illness and
rehabilitation results as may be requested by a representative of the National Football
League, any National Football League team's medical staff, National Football Scouting,
Inc., Blesto Inc. or National Invitational Camp, Inc.

I understand that such an agent has made representations to the team
physician, athletic trainers or other medical personnel of the University
of _____ that the purpose of this request for my medical
information is to assist that organization represented in making a determination as to
offering me employment. This information is normally confidential and, except as
provided in this release, will not be otherwise released by any of the parties in charge of
the information. This release remains valid until revoked by me in writing.

Signature

Date