## Saint Mary's College Health & Counseling Info Release

l,	give my permission
for the Saint Mary's College Dir	ector of Health Services to
release any medical informatio	n to the Director of Sports
Medicine that could have any in	mpact on my ability to practice
and compete as a student-athle	ete at Saint Mary's College. I also
give the Director of Health Serv	vices the right to cross check my
student health form with my student-athlete form.	
<u> </u>	
Signature	
Date	
Signature  Date	