

Permission to Review Health Screening Information

I (*print your name*) _____ give the Program Director of the Athletic Training Education Program at the University of Louisiana at Lafayette my permission to review my medical records as required for admission and progression through the Program. I am aware that the records will be stored in a safe place in the office of the Program Director, at Cajundome Blvd. Rm. 130-B Bourgeois Hall on the University of Louisiana at Lafayette Campus.

Student Name : _____

Student Signature

Date