

Authorization to Release Protected Information

I, _____, colleague identification number _____, hereby authorize _____ whose address and phone number are: _____ to have and receive any and all personal information related to me that is in the possession of Embry-Riddle Aeronautical University, including student records, social security numbers, medical records and information, and any other information protected under the Family Education Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), or any other law or regulation. I exclude from this authorization only the following information: _____

_____.

I hereby release, discharge, and hold harmless Embry-Riddle Aeronautical University, its trustees, officers, employees, agents, and representatives from any and all claims of whatever kind or nature in whatever forum brought arising from the release of records or information about or pertaining to me pursuant to this authorization. I shall not file, cause to be filed, or cooperate with any cause of action in any forum arising from the release of information pursuant to this authorization, and agree to defend and indemnify Embry-Riddle Aeronautical University, its trustees, officers, employees, agents, and representatives from any and all claims or demands related thereto.

Other Conditions: _____

Under penalty of perjury, I swear or affirm that I am the person to whom this records request pertains.

Signature

Date

This document will not be honored without proper notarization below

Notary Seal