

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