STUDENT ID	NUMBER:	
DI ODDINI ID	TIOMIDLIE.	



Southern Union- HIPAA Form

Ι	grant permission to the medical staff of		
Southern Union State Community College to discuss my personal health information with the			
coaching staff, administrative staff, off campus medical resources, and my parents as needed to			
provide optimal health care.*			
	- 		
Student-Athlete's Signature	Date		
*A photocopy of this form shall be as valid as the orig	inal.		