

I, \_\_\_\_\_, authorize Norwich University Infirmery to release the following information to:

Todd Neuharth, Program Director  
(207 Andrews Hall, 802.485.2231)  
158 Harmon Dr  
Norwich University  
Northfield, VT 05663

for the sole purpose of completing sports medicine program educational files.

1. Verification of Immunization, see attached form:
  - a. DTP
  - b. Polio
  - c. Measles
  - d. Rubella
  - e. Hepatitis B
2. Verification of a completed unrestricted entrance physical, see attached form.

\_\_\_\_\_  
Student's Name-print

\_\_\_\_\_  
DOB

\_\_\_\_\_  
NU ID #

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date