

**Armstrong Atlantic State University  
Athletic Department**

**Authorization for release of pre-participation physicals, X-rays, and any other  
pertinent medical history**

I hereby authorize:

Daniel R. Hinely, MEd, LAT, ATC  
Head Athletic Trainer  
Armstrong Atlantic State University  
11935 Abercorn St.  
Savannah, GA 31419  
(912) 927-5200  
FAX (912) 921-5571

to furnish full details of the medical care and treatment of:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please send this information to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_