



South Dakota Athletic Commission

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www.dlr.sd.gov/bdcomm/athletic

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO: South Dakota Athletic Commission
1351 N. Harrison Avenue
PO Box 340
Pierre, SD 57501
605-224-1721 (office)
888-425-3032 (fax)

RE: Fighter Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone: _____

Email: _____

Request to Release Medical Data to which ABC Commission: _____

I hereby authorize the South Dakota Athletic Commission (SDAC) to release copies of any medical data maintained by SDAC in its files relating to my licensure or application for licensure in South Dakota or medical suspension release.

Medical data shall include, but not limited to, neurological examinations, ophthalmological examinations, all blood results including those for HBV, HCV, HIV and pregnancy, pre-bout and post-bout medical examinations, electroencephalograms, echocardiograms, all drug testing, CT scans, X-rays, MRI and MRA films and any other medical data submitted to SDAC for licensure or medical suspension release.

Upon receipt of this properly completed authorization, SDAC may release information from their files on me that would not otherwise be accessible to the public. I understand that once this information is released, SDAC does not control how it is used or further distributed by the recipient. A copy of this authorization may be used in the same manner and with the same effect as the original by SDAC. This authorization is valid for one time only and only to release the requested information to the ABC Commission I have listed above. Upon fulfillment of the above-stated purpose, this authorization will automatically expire without express revocation.

Date: _____

Fighter's Signature: _____