

**South Dakota Athletic Commission**

1351 N. Harrison Ave., Pierre, SD 57501

Ph: 605.224.1721 Fax: 1.888.425.3032

Email: [SDAC@midwestsolutionssd.com](mailto:SDAC@midwestsolutionssd.com) [dlr.sd.gov/bdcomm/athletic](http://dlr.sd.gov/bdcomm/athletic)

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Instructions:

- 1) Open this form in an Adobe reader to complete, print, sign, and mail. Changes made in your internet browser will not save. You can also print the form, fill out legibly and mail.

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: \_\_\_\_\_

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

Email: \_\_\_\_\_

Request to Release Medical Data to which State 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