

APPENDIX A

NFL	CONCUSSION SETTLEMENT
<i>IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION</i>	
No. 2:12-md-02323 (E.D. Pa.)	

AUTHORIZATION FOR RELEASE OF CLAIMS INFORMATION

A. Settlement Class Member

Name:	Last Name	First Name	Middle Initial
Settlement Program ID:			

B. Specifically Authorized Recipient

Name:	Last Name	First Name	Middle Initial
Organization:	Full Name of Organization		
	Street		Apt/Suite/Unit
	City	State	Zip Code
	Telephone	Email	

Purpose of Disclosure (briefly describe the purpose for which the recipient will use this information):	
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C. Signature

I authorize the NFL Concussion Settlement Program (the "Program") to release to the Specifically Authorized Recipient named above all information and documents regarding any claim I have submitted to the Program. My consent to release of my Claims Information, which includes Protected Health Information, and documents shall continue to be in force and effect unless and until I notify the Program in writing that I revoke this authorization.

Signature:			
Name of Person Signing	Last Name	First Name	Middle Initial
Representative Capacity (If Settlement Class Member is Deceased, a Minor, or Legally Incapacitated):			
Date:	_____ (Month/Day/Year)		