



AUTHORIZATION RELEASE: *to be completed by employee and sent one-time with COVID-19 document submission to the secure portal <https://mysentrymd.com/sentrymd.html#/upload/118>.*

I authorize Sentry MD to disclose any information that I have provided to Sentry MD to Middlebury. I understand that this authorization shall remain valid until I revoke this authorization and that I may revoke this authorization at any time with a written request to Sentry MD Services. Revocation of this authorization is allowable only to the extent that the release of information has not already occurred. Sentry MD is hereby released from all legal liability that may arise from the release of information requested. Any information disclosed through this release may be subject to re-disclosure by the receiving party, and no longer protected under applicable federal law.

Employee's Name (Please print)

Employee's Signature

Date