

Division of Epidemiology

Department of Family Medicine and Population Health

School of Medicine, VCU

Email Release/Permission to Record

Virginia House Bill 1 (HB1) took effect July 1, 2018. In accordance with the university policy we have created this document to request student consent to disclose student email address and name to facilitate communication. Additionally, we will follow up with an email if you do consent to inform you that we have received your permission document. If you ever wish to revoke your consent, then please do not hesitate to let us know. Furthermore, this form is strictly voluntary. The website has been included below and features information about the bill. Please contact [sryman@vcu.edu](mailto:sryman@vcu.edu) with any questions.

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

Name: \_\_\_\_\_ (please print)

I hereby give my permission to allow my contact information (name, email address) to be accessible.

I hereby release VCU from any and all liability and responsibility for incidents arising from the use of my email address and name, including, but not limited to, all claims for libel and invasion of privacy.

Signature of consentor: \_\_\_\_\_

Date of signature: \_\_\_\_\_

[FAQ about Code of Virginia §23.1-405\(C\)](https://provost.vcu.edu/hb1faq/)  
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