

Office of University Registrar
University Name
Address
Phone, Email

**STUDENT-ATHLETE’S AUTHORIZATION TO DISCLOSE INFORMATION IN
EDUCATION RECORDS PURSUANT TO FERPA**

I understand that my education records are protected by the *Family Education Rights and Privacy Act of 1974*, and they may not be disclosed without my consent. I hereby consent to the disclosure of the following education records pertaining to me for the purposes stated below:

I hereby authorize the following:

1. The {University of X Office of University Registrar}; and
2. Faculty members teaching courses in which I am currently (or was) enrolled

to disclose the following:

3. any and all information contained in my official permanent academic record;
4. copies of my official permanent academic record; and
5. specific information regarding my academic progress (attendance, attitude, grades, etc.) prior to the final determination of grade

to the following persons:

1. the Student Athlete Support Service Office;
2. the Athletic Compliance Office; and
3. any other person within the University who the University, in good faith, determines has a legitimate “need to know”

for the following purposes:

1. to monitor, assist and determine eligibility for intercollegiate athletic practice and/or competition;
2. to monitor and assist with respect to my athletic grand-in-aid.

I recognize that my parent(s) and/or legal guardian(s) may request to receive information about my academic progress (attendance, attitude, grade, etc.) prior to and after the final determination of grade for the purposes of determining and maintaining my academic eligibility for athletic participation, practice, and grant-in-aid. My choice is marked below:

YES

I do authorize my Athletic Academic Counselor to disclose the above-references information to my parent(s) and/or legal guardian(s) upon their request for the above-referenced purpose. Such information may be release to the following person(s) [provide the names of your parent(s) and/or legal guardian(s) who may receive such information]:

{List Authorized Recipients}

NO

I do NOT authorize my Athletic Academic Counselor to disclose the above-refernced information to my parent(s) and/or legal guardian(s) upon their request for the above-referenced purpose.

I understand further: (1) that such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law; (2) that I have the right not to consent to this release of my education records; (3) that I recognize that a copy of such records must be provided to me upon my request; and (4) that this Authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to the disclosure of the records referenced above.

A copy of this authorization shall be considered as effective and valid as the original.

Signature

Date