



FORM 23

**Release of Personal, Academic and Medical Information,
And Acknowledgement of Physical Examination and
Athletics Department Policies**



Revised July 2002

STUDENT-ATHLETE'S NAME: _____

Sport: _____

SS#: _____

Date: _____

It is important that you read this form carefully before signing. Please ask any questions you may have.

Current laws protect your right to privacy and your right to be made adequately aware of policies and procedures. This statement: 1) outlines the policies of the athletic department regarding gathering and releasing personal information; 2) sets out the physical examination procedure; and 3) allows you to acknowledge that you have received a copy of the Student-Athlete Handbook and that you realize the importance of reading and understanding this document.

1. I give my authorization to the registrar, the dean of my college, and my course instructors to release my official transcript and academic records to the athletic department with the understanding that the Athletic Department will release this information only in cases of academic awards and/or in responding to NCAA or Conference requests.
2. I authorize the information contained in the sports information office to be used by the athletic department for press releases, press guide brochures, and official programs. I further permit this information to be released to members of the media.
3. I do _____ do not _____ give my consent for the team physician, athletic trainers, or other university medical personnel to release such information regarding my medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by the scout or representative of any professional or amateur athletic organization or business organization seeking such information.
4. I understand the athletic department has adopted the NCAA policy regarding medical examinations which indicates a full medical examination should be required only upon the student-athlete's initial entrance into an institution's intercollegiate program and provided there is a continuous awareness of the health status of the student-athlete and the traditional annual physical is not deemed necessary. I further understand if I encounter any medical or orthopedic problems that would exempt me from competing in any athletic department sponsored sport, I will contact the athletic training staff immediately.
5. By signing this form, I acknowledge I have been given a copy of the Student-Athlete Handbook and realize the importance of reading and understanding this document.

Student's Signature

Date