

Student Name: _____ Union ID#: _____

- ☐ Basketball (Men)
☐ Basketball (Women)
☐ Golf

- ☐ Gymnastics
☐ Soccer
☐ Volleyball

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

I hereby authorize the following:

1. The Union Adventist University Registrar; and
2. Faculty members teaching courses in which I am currently (or was) enrolled

to disclose the following:

1. any and all information contained in my official permanent academic record;
2. specific information regarding my academic progress (attendance, attitude, grades, etc.)

to the following persons:

1. the Student-Athlete Support Services Office;
2. the Athletic Compliance Committee; and
3. my Coach

for the following purposes:

1. to monitor, assist and determine eligibility for intercollegiate athletic practice and/or competition;

My choice is marked below:

- ☐ **YES** I do authorize the above individuals to release my academic information to my coaches and the Student Athlete office.
- ☐ **NO** I do not authorize the above individuals to release my academic information to my coaches and the Student Athlete office.

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 redisclose 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 for the length of the school year 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: _____