

Lock Haven University
Department of Intercollegiate Athletics
Release of Information Consent

The release/use of certain, otherwise protected, information contained in the private records of student-athletes is often necessary for the conduct of day to day business in pursuit of the mission and goals of the Lock Haven University intercollegiate athletics program.

I, _____, participating in _____
(Print full name) (Sport)

have read and agree to the provisions stated below as conditions for participating in intercollegiate athletics at Lock Haven University.

1. To allow designated members of the University faculty and/or staff to disclose and discuss medical and academic/educational records with parent(s) or legal guardian(s).
2. To allow designated members of the University faculty and/or staff to disclose academic progress reports for the purpose of monitoring academic performance.
3. To allow designated members of the University faculty and /or staff to submit for publication my name, essential educational records (including GPA), official photographs, and athletic accomplishments, for any awards, honors, publications, etc.
4. To allow designated members of the sports information and/or athletics department staff to release information to the media concerning participation status in areas including, but not limited to: medical, eligibility, disciplinary (University or team rules) and /or personal.

In any and all circumstances, the privacy and dignity of the student-athlete is fundamental to the mission of both the University and the athletics department and will be protected.

Further, the student-athlete agrees to be accountable for all University, NCAA, Conference, and athletics department policies as stated in the current Student Handbook and PSAC Policy on Sportsmanship and Ethical Behavior.

(Student-Athlete signature)

(Date)