



**COLLEGE of  
CENTRAL  
FLORIDA**  
—an equal opportunity college—

## ATHLETIC DEPARTMENT INFORMATION RELEASE AND COMPLIANCE AGREEMENT

**Name:** \_\_\_\_\_  

\_\_\_\_\_ Last
\_\_\_\_\_ First
\_\_\_\_\_ Middle (complete)
\_\_\_\_\_ Jr., etc.

**Sport:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

### RELEASE AGREEMENT

**1. Buckley Amendment Consent**

By signing this part of the form, you certify that you agree to disclose your educational records. You understand that this entire form and the results of any CF drug test you may take are part of your educational records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent. You give your consent to disclose only to authorized representatives of this institution, its athletics conference (if any) and the FCSAA/NJCAA, the following documents:

- this form
- results of CF drug tests
- results of positive drug tests done by CF
- any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended
- pre-college test scores, appropriately related information and correspondence (e.g., testing sites, dates and letters of test-score certification or appeal), and where applicable, information relating to eligibility for or conduct of nonstandard testing
- graduation status
- race and gender identification, weight/height information and photographs for CF/FCSAA/NJCAA publications
- records concerning your financial aid
- any other papers or information pertaining to your FCSAA/NJCAA eligibility.

**2.** You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for evaluation of school and team academic success, for purposes of inclusion in summary institutional information reported to the FCSAA/NJCAA (and which may be publicly released by it), for FCSAA/NJCAA longitudinal research studies and for activities related to FCSAA/NJCAA compliance reviews. You will not be identified by name by the FCSAA/NJCAA in any such published or distributed information.

**3.** Further, you authorize CF/FCSAA/NJCAA to disclose personally identifiable information from your educational records (including information regarding any CF/FCSAA/NJCAA violations in which you may become involved while you are a student-athlete) to a third party (including but not limited to the media) as necessary to correct inaccurate statements

reported by the media or related to a student-athlete reinstatement case, infractions case or waiver request. You also agree that necessary case information (i.e., information from your student-athlete reinstatement case, infractions case or waiver request) may be published or distributed to third parties as required by FCSAA/NJCAA bylaws, policies or procedures. You will not be identified by name by the FCSAA/NJCAA in any such published or distributed information.

4. The undersigned hereby agrees to the release of statistics resulting from athletic competition as required by the FCSAA/NJCAA Office of Statistical Service (FCSAA Service Bureau).
5. I have not and will not violate any of the rules of the National Junior College Athletic Association (NJCAA), Florida College System Activities Association (FCSAA), and/or College of Central Florida. I understand that violation of any of the rules of the NJCAA, FCSAA and CF may result in my removal from the team and/or termination of an athletic scholarship.

**Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature MM/DD/YY

The signature of the student's parent or guardian is required if the student is under 18 years of age or if the student is at least 18 years of age and is a dependent as defined by Section 152 of the Internal Revenue Code of 1954.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature MM/DD/YY