

STATE OF ALABAMA  
LAUDERDALE COUNTY  
CONSENT TO RELEASE AND  
DISCLOSURE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, the undersigned student, hereby voluntarily and knowingly **consent to authorize** the Athletics Director (or his designee); The University of North Alabama, Florence, Alabama, to receive complete information and records concerning any of the following: (a) My academic progress, including, but not limited to, grades, class standing, course work and results of academic counseling; (b) My physical and/or mental health, including but not limited to, medical treatment, diagnoses, prescriptions, mental health counseling, and results for drug testing for substance abuse; (c) All academic and non-academic misconduct charges, proceedings, and sanctions and all violations of any athletic training rules and sanctions imposed; and (d) The award, renewal, reduction or cancellation of institutional financial aid based in any degree on athletics ability, including any facts or circumstances of any hearing conducted by the University in connection therewith. I also hereby give permission to and authorize the Athletics Director (or his designee), The University of North Alabama, to disclose any or all of the above said information and/or records to my parents or legal guardian and to athletics governing organizations for the purposes of and in connection with establishing and maintaining my eligibility as a student-athlete, the awarding, renewing, reducing, or canceling of institutional financial aid based in any degree on athletics ability, or counseling with my parents or legal guardian with regard to my academic progress, my physical and/or mental health, any academic or non-academic misconduct, or the awarding, renewing, reducing, or canceling of institutional financial aid based in any degree on athletics ability. I hereby voluntarily and knowingly waive on behalf of myself and any persons who may have an interest in the matter all provisions of law, federal and state, relating to the disclosure of educational records or other confidential information and to the right of privacy. I understand and acknowledge that this **Consent to Release and Disclosure** shall remain in effect unless and until revoked by me in written notice to the Athletics Department.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Student's  
Signature \_\_\_\_\_