

**SAGINAW VALLEY STATE UNIVERSITY
INTERCOLLEGIATE ATHLETICS
PERSONAL INFORMATION CONSENT FORM**

The release and or use of certain (otherwise protected) information contained in the educational, financial, or medical records of student-athletes is often necessary for the conduct of day-to-day athletic business for the pursuit of the mission and goals of the Saginaw Valley State University intercollegiate athletic program.

I agree to allow Saginaw Valley State University athletic training staff to disclose and discuss medical records with my parents (legal guardian), coaches, athletic training staff members, team physicians and SVSU administrators.

I agree to allow members of the Saginaw Valley State University faculty to disclose my academic progress for the purpose of monitoring my academic progress in regards to NCAA eligibility regulations.

I agree to allow the SVSU athletic department designee to monitor my full or part-time status (12 credits).

I agree to allow a member of the SVSU athletic staff to submit my name, photograph, academic GPA, etc.; in regards to academic awards or athletic achievements – Academic All-American, Scholar athlete.

I agree to allow SVSU Sport Information Director to release basic information to media outlets concerning participation status in areas such as: medical, eligibility, and disciplinary (University/Team rules).

Examples: Bob will not play in today's game due to disciplinary actions regarding team rules. Bob will not participate in today's game due to a knee injury.

I am accountable for all University, NCAA, Conference, and athletic department policies as stated in the SVSU Student-Athlete Handbook distributed at all compliance meetings and available in the athletic office.

This consent will remain in effect during my tenure at Saginaw Valley State University, or until terminated by me in writing, whichever occurs first.

(Student-Athlete Name) *Please print

(Date)

(Student-Athlete Signature)

(Participating on the team(s))

(Academic Year)