

# Requests/Self-Reports Online Signature Page

Institution: \_\_\_\_\_ Division: \_\_\_\_\_ Case ID: \_\_\_\_\_

Case Type: Student-Athlete Reinstatement SA Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Student-Athlete Signature (If Required)

**Buckley Statement.** I give my consent to disclose to authorized representatives of this institution, its athletics conference (if any) and the NCAA any documents or information pertaining to my NCAA eligibility. Additionally, I give my consent to the NCAA to disclose my name and personally identifiable information from my education records to a third party (including but not limited to the media) as necessary to explain the NCAA decision regarding this request without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act.

Student-Athlete's Name:

Student-Athlete Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Prospective Student-Athlete Signature

As an institutional representative, I am affirming that a Buckley Statement is not required for this case. I understand that the NCAA may request a Buckley Statement if it is deemed necessary.

Institutional Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_