

SPORT: _____

ACADEMIC YEAR: 2009-10

Release of Information Authorization

I, _____, do give my consent for the Student Services Department to release
(Print your Name)
disciplinary information to the head coach or a member of the athletic administration during the current school year.

I also give permission for my grades and other information to be released as needed by the YSU coaching staff, academic counselors, athletic administration, and the Sports Information Office, as deemed appropriate and necessary, upon request. I realize discretion will be used in release of any information and that any release is for my best interest.

I give my permission for a representative from the YSU coaching staff to inspect my living quarter during the school year. Also, I do give my consent for the team physician, athletic trainers, or other medical personnel of Youngstown State University to release such information regarding my medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by a scout or representative of any professional or amateur athletic organization seeking such information. I understand that if such scout or representative of the team has made representations to the team physician, athletic trainer, or other medical personnel of Youngstown State University, that the purpose of the request for my medical information is to assist the organization represented to make a determination as to offering me employment.

I understand that a record will be kept of the date and all individuals requesting such information. This information is normally confidential and, except as provided in this release, will not otherwise be released by the parties in charge of the information. This release remains valid until revoked by me in writing.

I understand that signing this release is a condition of participation in the YSU athletic program.

Signed: _____ Patron ID No.: _____ Date: _____
Student-Athlete

PERMANENT ADDRESS:	Street Address:		
Phone: (include Area Code)	City:	State:	Zip:
CAMPUS ADDRESS: (If same as permanent, write SAME)	Street Address:		
Phone:	City:	State:	Zip:

E-Mail Address:	
Name of Mother/Female Guardian:	Name of Father/Male Guardian:
<i>(If address is same as permanent address, write SAME)</i>	
Street Address:	Street Address:
City, State & Zip:	City, State & Zip:
Phone Number: (include Area Code)	Phone Number: (include Area Code)