

# WAKE FOREST UNIVERSITY

## STUDENT AUTHORIZATION FOR DISCLOSURE OF INFORMATION IN EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) of 1974/Buckley Amendment provides rights and protections to students regarding the disclosure of education records (including medical and disciplinary records) held by the University. These records include files, documents, and materials in whatever medium, which contain information directly related to a student and from which a student can be individually identified.

By signing this Authorization, I hereby authorize Wake Forest University, acting through its employees and agents, to disclose information that may have a bearing upon my past, present, or future participation in athletics at Wake Forest University. This information may be disclosed to the NCAA, the Atlantic Coast Conference, the media and/or my parents/legal guardians.

### **Please complete:**

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(Name(s) of parent(s) or legal guardian(s))

The following conditions apply to this Authorization:

- a) This Authorization will automatically expire upon my graduation or withdrawal from Wake Forest University, except to the extent this Authorization was relied upon for disclosures made prior to the automatic expiration.
- b) I may revoke this Authorization at any time, provided the revocation is submitted in writing to the Director of Athletics with a copy to the Assistant Athletic Director for Sports Medicine. Such revocation shall not affect disclosures made prior to the revocation.
- c) When a disclosure is made pursuant to this Authorization, the information may be further disclosed.
- d) I may retain a copy of this Authorization.
- e) A copy of this Authorization and any revocation of it will be kept by the Assistant Athletic Director for Sports Medicine.

My signature below indicates that I have read and understand this Authorization and agree to its terms.

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Student Signature

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Date

*Please return to: Wake Forest University Sports Medicine  
P.O. Box 7329  
Winston-Salem, NC 27109*