

Information Release for Recreational Sports Eligibility Certification

This form can be filled out with Adobe Acrobat and printed for hand-written signature. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, Athletic Certification Office, P.O. Box 30018, College Station, TX 77842-3018; or faxed to 979-845-4757. Questions may be directed to either Pat Holman (979-862-2760; pholman@tamu.edu) or Lorena Zarate (979-862-2760; zarate@tamu.edu).

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I the undersigned hereby authorize the Registrar and/or Athletic Academic Certification Officers of Texas A&M University to release any and all information about me which pertains to my eligibility to participate in athletic competition for the Texas A&M recreational sports team indicated below. The release of such information shall be restricted to any and all official representatives of the sport clubs association and primarily for the purpose of determining my eligibility for athletic participation.

By signing this form, I understand this form also becomes a part of my educational record. It, along with any part of my academic record, may be disclosed to the indicated sport clubs association in the event I am involved in any eligibility infraction matter based on the sport clubs association’s rules and regulations.

The following information, if required by the sport clubs association, may be released for athletic eligibility determination (check all that apply):

- | | |
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| <input type="checkbox"/> Course Schedule (current and previous terms)
<input type="checkbox"/> Semester G.P.R.
<input type="checkbox"/> Cumulative G.P.R.
<input type="checkbox"/> Current Term Enrollment (hours enrolled)
<input type="checkbox"/> Total Hours Transferred to Texas A&M
<input type="checkbox"/> Dates of Attendance (at TAMU & previous institutions)
<input type="checkbox"/> Student I.D. Number
<input type="checkbox"/> Other (Please specify) _____ | <input type="checkbox"/> Enrollment Status (full-time/part-time, undergraduate/graduate)
<input type="checkbox"/> Academic Standing (eligible to register)
<input type="checkbox"/> Previous Institutions Attended
<input type="checkbox"/> Credit Hours Earned (career and/or semester)
<input type="checkbox"/> High School Attended and Graduation Date
<input type="checkbox"/> Final Term of Enrollment (Application for Graduation Filed)
<input type="checkbox"/> Date of Birth |
|--|--|

This form is applicable for the academic year of _____

Student Name (Please Print or Type) _____

Student Signature _____

Student ID (U.I.N.) _____ Birth Date (mm/dd/yyyy) _____

Rec. Sports Team _____ Date Signed _____

Sport Clubs Association/Governing Organization _____