



Transcript Release Form

Student's Name: _____ NCAA ID: _____

This form can be used to send an official transcript through grade 11 and/or the final transcript after graduation from high school. Faxed transcripts will not be accepted.

The above student has requested academic records be sent to the NCAA Eligibility Center from your high school. Your school may use this release as authority to transmit academic records to the address listed below.

Authorization Signatures

I understand and agree to abide by the procedures in the NCAA Guide for the College-Bound Student-Athlete. I authorize the high schools listed to release to the Eligibility Center my transcripts, proof of graduation, and any other academic or school-related information or records, as requested by the Eligibility Center for the purpose of determining my athletics eligibility. I further authorize the Eligibility Center to release personally identifiable information from my education records obtained by the Eligibility Center (including this release form and resulting certification decisions) to the NCAA, to any testing service whose test scores are included in my records (e.g., ACT or ETS), to my high school(s) or to all NCAA member institutions requesting my eligibility information, to the extent that such information is necessary to report, verify or review my athletics eligibility. I also authorize the NCAA to disclose personally identifiable information from my education records to a third party (including but not limited to the media) as necessary to correct any inaccuracies reported by the media or related to my preliminary or final certification decisions, without such disclosure constituting a violation of my rights, including my rights under the Family Educational Rights and Privacy Act.

I understand and agree that the information provided to the Eligibility Center for the purpose of determining my athletics eligibility may be used for NCAA and Eligibility Center research concerning athletics eligibility, the academic preparation and performance of student-athletes, and related issues. I also understand and agree that such research may be published or distributed to third parties, but that I will not be identified in any such published or distributed data. I also understand that the Eligibility Center will send my eligibility status to any NCAA Division I or II college that requests it. Further, I realize that the Eligibility Center will not send my eligibility information at my request; rather, the college must make the request for that information. Finally, I am aware that if no member institution requests my eligibility status, a final certification may not be processed. By submitting this form I understand it is my responsibility to provide accurate and true information to the Eligibility Center and to provide accurate and truthful updated information as necessary.

Student: Read and Sign Below

I certify that I am the person whose name appears on this form and that I have read and agree to the authorization statement outlined above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(if student is under 18 years of age)

Send to:
NCAA Eligibility Center
Certification Processing
P.O. Box 7136
Indianapolis, IN 46207