Form 19-3b  Academic Year: 2019-20

NCAA Division II Student-Athlete Statement

For: Student-athletes.
Action: Sign and return to your director of athletics or director of athletics' designee.
Due date: Before your first competition each year.
Required by: NCAA Constitution 3.3.4.9 and NCAA Division II Bylaw 14.1.3.
Purpose: To assist in certifying eligibility.
Effective date: This NCAA Division II Student-Athlete Statement/Drug-Testing Consent form shall be in effect from the date this document is signed and shall remain in effect until a subsequent NCAA Division II Student-Athlete Statement/Drug-Testing Consent form is executed.

Student-Athlete: ____________________________________________
(Please print name)

Name of your institution: _______________________________________

Sport: _______________________________________________________

This form has five parts: a statement concerning eligibility, a Buckley Amendment consent, results of drug tests, an affirmation of a valid ACT or SAT score and a statement concerning the amateur status of the student-athlete subsequent to the request of final certification by the NCAA Eligibility Center. If you are an incoming freshman, you must sign parts I through V of this form to participate in intercollegiate competition. If you are a transfer or continuing student-athlete, you must sign parts I through IV.

By signing this form, you affirm you have received and will read the Summary of NCAA Regulations, or another outline or summary of NCAA legislation, provided by your director of athletics, or read the bylaws of the NCAA Division II Manual that deal with your eligibility. You are responsible for knowing and understanding the application of all NCAA Division II bylaws related to your eligibility. If you have any questions, you should discuss them with your director of athletics, or you may contact the NCAA at 317-917-6222 or consult the NCAA website at www.ncaa.org.

The conditions that you must meet to be eligible and the requirement that you sign this form are indicated in the following articles and bylaws of the Division II Manual:

- NCAA Constitution 3.3.4.9 and Bylaws 14.1.3, 14.1.3.1 and 18.4.1.4.7.
Part I: Statement Concerning Eligibility.

You affirm that you have been provided and will read the Summary of NCAA Regulations, or another outline or summary of NCAA legislation, or the relevant sections of the Division II Manual and that your director of athletics (or his or her designee) gave you the opportunity to ask questions about the regulations.

You affirm that you have knowledge of and understand the application of NCAA Division II bylaws related to your eligibility.

By signing this part of the form, you affirm that, to the best of your knowledge, you have not violated any NCAA regulations or have reported any violations of any NCAA regulations.

You affirm that you meet the NCAA regulations for student-athletes regarding eligibility, recruitment, financial aid, amateur status and involvement in organized gambling.

You affirm that you are aware of the NCAA drug-testing program and that you have signed the 2019-20 Drug-Testing Consent Form (Form No. 19-3e).

You affirm that you will report to the director of athletics of your institution any violations of NCAA regulations involving you and your institution.

You affirm that you understand that if you sign this statement falsely or erroneously, you violate NCAA legislation regarding ethical conduct and you further will jeopardize your eligibility.

Name of student-athlete (please print)  Date of birth  Age

Signature of student-athlete  Home address (street or P.O. Box)

Date  Home city, state, and ZIP code

Sport(s)
Part II: Buckley Amendment Consent.

By signing this part of the form, you certify that you agree to disclose your education records.

You understand that this entire form and the results of any NCAA drug test you may take are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, its athletics conference (if any) and the NCAA, the following documents:

1. This form;
2. Results of NCAA drug tests and related information and correspondence;
3. Results of positive drug tests administered by a non-NCAA national or international sports governing body;
4. Any transcript from your high school, this institution or any two-year college or other four-year institution you have attended;
5. Precollege test scores, appropriately related information and correspondence (e.g., testing sites, dates and letters of test-score certification or appeal) and, where applicable, information relating to eligibility for or conduct of nonstandard testing;
6. Graduation status;
7. Race and gender identification;
8. Diagnosis of any education-impacting disabilities;
9. Accommodations provided or approved and other information related to any education-impacting disabilities in all secondary and postsecondary schools;
10. Records concerning your financial aid; and
11. Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for evaluation of school and team academic success, for awards and recognition programs highlighting student-athlete academic success, for purposes of inclusion in summary institutional information reported to the NCAA (and which may be publicly released by it), for NCAA longitudinal research studies and for activities related to NCAA compliance reviews. You will not be identified by name by the NCAA in any such published or distributed information.
Further, you authorize the NCAA to disclose personally identifiable information from your educational records (including information regarding any NCAA violations in which you may become involved while you are a student-athlete) to a third party (including, but not limited, to the media) as necessary to correct inaccurate statements reported by the media or related to a student-athlete reinstatement case, infractions case or waiver request or to recognize your selection for an academic award (e.g., Elite 89). You also agree that necessary case information (i.e., information from your student-athlete reinstatement case, infractions case or waiver request) may be published or distributed to third parties as required by NCAA bylaws, policies or procedures. You will not be identified by name by the NCAA in any such published or distributed information.

Name of student-athlete (please print)   Signature of student-athlete   Date

Part III: Results of Drug Tests.

1. **Future positive test - all student-athletes sign.**

   Should I test positive for a substance banned by the NCAA and/or by a non-NCAA athletics organization that has adopted the World Anti-Doping Agency (WADA) code, or violate a drug-testing protocol or fail to show for a drug test at any time after I sign this statement, I acknowledge I must report the results to my director of athletics.

   Name of student-athlete (please print)   Date

   Signature of student-athlete

2. **Positive test by NCAA or other sports governing body - sign either a or b.**

   a. **No positive drug test.**

      I affirm that I have never tested positive for a substance banned by the NCAA and/or a non-NCAA athletics organization that has adopted the WADA code, nor violated a drug-testing protocol or failed to show for a drug test conducted by the NCAA or a non-NCAA athletics organization.

      Name of student-athlete (please print)   Date

      Signature of student-athlete
b. Positive drug test.

I have tested positive for a substance banned by the NCAA and/or by a non-NCAA athletics organization that has adopted the WADA code, or have violated a drug-testing protocol or failed to show for a drug test conducted by the NCAA or a non-NCAA athletics organization. If I transfer to another institution, I am also obligated to report this information to that institution.

Name of student-athlete (please print)

Signature of student-athlete

Date of test Organization conducting test Substance

Are you currently under such a drug-testing suspension? Yes ____ No ____

Part IV: Affirmation of Status as an Amateur Athlete.

You affirm that you have read and understand the NCAA amateurism rules.

By signing this part of the form, you affirm that, to the best of your knowledge you have not violated any amateurism rules since you requested a final certification from the Eligibility Center or since the last time that you signed a Division II student-athlete statement, whichever occurred later.

You affirm that since requesting a final certification from the Eligibility Center, you have not provided false or misleading information concerning your amateurism status to the NCAA, the Eligibility Center and the institution's athletics department, including administrative personnel and the coaching staff.

Name of student-athlete (please print) Date

Signature of student-athlete
Part V: Incoming Freshmen - Affirmation of Valid ACT or SAT Score.

You affirm that, to the best of your knowledge, you have received a validated ACT and/or SAT score. You agree that, in the event you are or have been notified by ACT or SAT of the possibility of an invalidated test score, you immediately will notify the director of athletics of your institution.

Name of student-athlete (please print) ____________________________ Date __________________________

Signature of student-athlete

Part VI: NCAA Transfer Portal Signature.

Student-Athlete Signature (required). I give my consent to disclose to authorized representatives of this institution any documents or information pertaining to my NCAA eligibility. Additionally, this consent allows the authorized representative(s) of this institution to indicate my authorization to disclose my transfer status and provide any requested information pertaining to my NCAA transfer eligibility to its conference, the NCAA and authorized representatives of other member institutions via the NCAA Transfer Portal.

Name of student-athlete (please print) ____________________________ Date __________________________

Signature of student-athlete

What to do with this form: Sign and return it to your director of athletics before your first competition. This form is to be kept in the director of athletics' office for six years.

Any questions regarding this form should be referred to your director of athletics or you may contact the academic and membership affairs staff at 317-917-6222.