



Student-Athlete Statement – NCAA Division III

For: Student-athletes.
Action: Sign and return to your director of athletics.
Due date: Before your first competition each year.
Required by: NCAA Constitution 3.2.4.5 and NCAA Division III Bylaw 14.1.3.
Purpose: To assist in certifying eligibility.
Effective Date: This NCAA Division III Student-Athlete Statement shall be effective from the date this document is signed and shall remain effective until a subsequent Division III Student-Athlete Statement is executed.

Student-Athlete: _____
(Please print name)

Sport(s): _____

This form has four parts:

1. A statement concerning eligibility;
2. A Buckley Amendment consent;
3. Results of drug tests; and
4. NCAA Transfer Portal signature.

You must sign Parts I, II and III in order to participate in intercollegiate competition.

Before you sign this form, you should read the Summary of NCAA Regulations, or another outline or summary of NCAA regulations, provided by your director of athletics or read the regulations of the NCAA Division III Manual that pertain to your eligibility. You are responsible for knowing and understanding the application of all NCAA Division III regulations related to your eligibility. If you have any questions, you should discuss them with your director of athletics.

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

- NCAA Bylaws 10, 12, 13, 14, 15, 16, 18.4 and 31.2.3.

If you have questions you may contact the NCAA at 317-917-6222.

Part I. Statement Concerning Eligibility.

1. By signing this part of the form you affirm that, to the best of your knowledge, you are eligible to compete in intercollegiate competition.
2. You affirm that your institution has provided a copy of the Summary of NCAA Regulations, or another outline or summary of NCAA regulations, or the relevant sections of the Division III

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Manual and that your director of athletics (or his or her designee) gave you the opportunity to ask questions about the regulations.

3. You affirm that you have knowledge of and understand the application of Division III regulations related to your eligibility.
4. You affirm that you meet the NCAA regulations for student-athletes regarding eligibility, recruitment, financial aid, amateur status and involvement in organized gambling.
5. 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 18-3f).
6. You affirm that you have reported to the director of athletics of your institution any violations of NCAA regulations involving you and your institution.
7. You affirm that you understand that if you sign this statement falsely or erroneously you violate NCAA regulations regarding ethical conduct, and you will further jeopardize your eligibility.

Name (please print)

Date of birth

Age

Signature of student-athlete

Home address (street or P.O. Box)

Date

Home city, state, and zip code

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-administered drug test you 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 and international sports governing body;
4. Any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended;

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5. Pre-college test scores, appropriately related information and correspondence (e.g., testing sites and 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. Your social security number and/or student identification number;
8. Race and gender identification;
9. Diagnosis of any education-impacting disabilities;
10. Accommodations provided or approved and other information related to any education-impacting disabilities in all secondary and postsecondary schools;
11. Records concerning your financial aid; and
12. Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, for evaluation of school and team 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 90). 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 regulations, policies or procedures. You will not be identified by name by the NCAA in any such published or distributed information.

Name (please print)

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor)

Date

Part III. Results of Drug Tests.

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

Should I test positive by the NCAA and/or by a non-NCAA athletics organization that has adopted the World Anti-Doping Agency (WADA) code or violate their 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)

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor)

Date

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 by the NCAA and/or by a non-NCAA athletics organization that has adopted the WADA code, nor violated the drug-testing protocol or failed to show for a drug test conducted by the NCAA or non-NCAA athletics organization.

Name (please print)

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor)

Date

b. Positive drug test.

I have tested positive by the NCAA and/or by a non-NCAA athletics organization that has adopted the WADA code, or have violated the 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 obligated to report this information to that institution.

Name (please print)

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor)

Date

Date of test

Organization conducting test

Substance

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

Part IV: 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.

Student-Athlete's Name: _____

Signature of student-athlete: _____ Date: _____

What to do with this form: Sign and return it to your director of athletics or the director's designee 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 your institution's NCAA compliance staff or you may contact the NCAA at 317-917-6222.