

Appendix E

(To be distributed by ASPSA staff and used in conjunction with campus personnel when student-athletes are referred for testing for learning disabilities.)

Academic Support Program for Student-Athletes
University of North Carolina-Chapel Hill

AUTHORIZATION for RELEASE of CONFIDENTIAL INFORMATION

I, _____ PID _____
(print)

Understand and acknowledge the following:

1. My privacy and confidentiality are a high priority with UNC-Chapel Hill and its departments, including the Academic Support Program for Student-Athletes (ASPSA), Accessibility Resources (AR), Learning Center (LC), Student Health Service (SHS), and Sports Medicine (SM), as well as with independent agencies contracted by ASPSA.
2. I agree to be assessed for learning and/or emotional problems that may affect my academic success. I also understand the results of these evaluations will be sent to the ASPSA and exchanged with applicable ASPSA staff (learning specialist) and other appropriate university resources listed above.
3. My records are protected under a number of federal and state confidentiality regulations and cannot be disclosed to outside parties other than those listed above without my written consent unless otherwise provided for in state and federal regulations. Exceptions to this legal safeguard are:
 - a. If I am in danger to myself or others
 - b. Records are subpoenaed by court of law
 - c. There is abuse or neglect of any child or adult who cannot protect themselves
4. This release is voluntary. I am not obligated to disclose this information. If I choose not to disclose and release this information, my participation in intercollegiate athletics will not be affected, and I will still be eligible for all academic and disability support services.
5. I may revoke this consent by request at any time except to the extent the information has been sent or received prior to my revocation. In any event, this consent expires automatically when I am no longer associated with the Academic Support Program for Student-Athletes at UNC-Chapel Hill.
6. I understand I am authorizing the ASPSA to exchange information pertaining to my academic performance with the following departments: Accessibility Resources (AR), Learning Center (LC), Student Health Services (SHS), Sports Medicine (SM), and other independent agencies contracted by ASPSA. This information will be exchanged and shared for the sole purpose of caring for my health, well-being, and academic success. This information is vital for these departments to provide the best possible services and for ASPSA to offer essential academic assistance.
7. I also authorize you to discuss my disability, including but not limited to: documentation pertaining to my disability, requests or evaluations regarding accommodations, and auxiliary aids and services, with the following people (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> ASPSA Staff | <input type="checkbox"/> Coaches (please specify): |
| <input type="checkbox"/> Parents | <input type="checkbox"/> NCAA |
| <input type="checkbox"/> Major Advisor | <input type="checkbox"/> Office of Compliance |
| <input type="checkbox"/> Tutors | <input type="checkbox"/> UNC Psychology Clinic |
| <input type="checkbox"/> Instructors | |

My signature below acknowledges I have read and fully understand the preceding statements regarding my right to confidentiality, the limits of confidentiality, and understand the release of my information is in my best interest.

Authorized by: _____ Date: _____
Student-Athlete Signature

Authorized by: _____ Date: _____
Learning Specialist Signature