

Appendix D

(For use when evaluating academic history and learning preferences. To be distributed by ASPSA staff.)



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

**AUTHORIZATION for VOLUNTARY RELEASE of
QUESTIONNAIRE**

I, _____, PID:
(print)

I agree to complete a Questionnaire which will be used to assess for possible learning difficulties which may affect my academic success. I also understand the questionnaire will be reviewed by the ASPSA Learning Specialist team.

Yes No (please circle)

I authorize the Learning Specialist Team to share their findings with an ASPSA academic professional.

Yes No (please circle)

Authorized by:

Date: