**NCAA Policy on Campus Sexual Violence**

Reviewed by:

Athletics \_\_\_

Title IX \_\_\_

Follow-Up Needed \_\_\_

**Institutional Disclosure Form**

As a member of the National Collegiate Athletic Association (NCAA), [INSTITUTION NAME] adheres to the [NCAA Board of Governors Policy on Campus Sexual Violence](https://ncaaorg.s3.amazonaws.com/ssi/violence/NCAA_CampusSexualViolencePolicy.pdf) and gathers certain disciplinary and criminal history about incoming and transfer potential student-athletes from their former institutions. Potential student-athletes who wish to participate in NCAA intercollegiate athletics must comply with this procedure.

**Instructions**

* Each incoming or transfer potential student-athlete will fill out the top portion of this form.
* A potential student-athlete must fill out a separate form for each K-12 and post-secondary institution they have attended in the past five years.
* [INSTITUTION NAME] will then send this form to the identified institutions.

Please contact [ATHLETIC DIRECTOR’S DESIGNEE] if you have any questions.

**To be completed by the incoming or transfer potential student-athlete:**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Authorization**: I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (former institution) to release disciplinary and/or criminal information from my educational records to [INSTITUTION NAME], including records related to the crimes and incidents addressed in the NCAA Policy on Campus Sexual Violence.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by former institutions the student attended in past five years:**

***Note:*** *This section must be completed by a school/college/university official with access to student’s disciplinary records. If the institution has a policy that prevents it from responding, or the institution otherwise seeks to discuss this request, please contact [ATHLETIC DIRECTOR’S DESIGNEE] at [EMAIL ADDRESS].*

**Institution Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Institution** **Official’s Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions**:

|  |  |  |
| --- | --- | --- |
| *If yes to any of the following, please provide further documentation*. | Yes | No |
| 1. Has the student ever been found responsible in a Title IX or related disciplinary proceeding for sexual, interpersonal or other acts of violence?
 |  |  |
| 1. Has the student ever been criminally convicted for sexual, interpersonal or other acts of violence?
 |  |  |
| 1. Did the student have a Title IX or related disciplinary proceeding pending for sexual, interpersonal or other acts of violence when the student left the institution?
 |  |  |

**Institution Official’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_