NAIA Certificate of Clearance

Institution: _____

Sport(s) included in this form: _____ Academic Year: _____

Total Students: _____

In accordance with the Family Educational Rights and Privacy Act, I, the undersigned, hereby authorize the faculty athletics representative, athletics director and registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in intercollegiate athletics. The release of such information shall be restricted to any and all official representatives of the National Association of Intercollegiate Athletics (NAIA), the conference, and its member representatives (if applicable). Such information is to be used only for the purpose of determining my eligibility for intercollegiate athletics, or for research or analytical purposes regarding student-athlete eligibility, academic progress or institutional administration of athletics. It is further understood that I may receive copies of such material from the institution upon request.

Signature of Student-Athlete	Print or Type Student-Athlete's Name	Student ID # (optional)	Date

NAIA Certificate of Clearance

As a representative of an institution affiliated with the NAIA, I hereby certify that the beginning statement of this certificate has been read to all student-athletes that are practicing or will participate in the above-named sport(s).		
AD or FAR Signature	Institution	Date

THIS FORM IS INCLUDED IN THE ECP SOFTWARE AND AVAILABLE FOR PRINT THROUGH PDF.

This form is to be retained by the faculty athletics representative, to be made available to the conference or national office upon request.