



School of Applied Health and Educational Psychology
 434 Willard/015 Cordell North
 Stillwater, Oklahoma 74078
 Fax: 405-744-6756 Willard
 405-744-6507 Cordell

Buckley Amendment Consent

By signing this form you certify that you agree to disclose your educational records.

You understand that this entire form and the results of any NCAA drug test you may take are part of your educational 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:

- > This form;
- > Results of NCAA drug tests;
- > Any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended;
- > 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;
- > Records concerning your financial aid; and
- > Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for purposes of inclusion in summary institutional information reported to the NCAA (and which may be publicly release by it), for NCAA longitudinal research studies and for activities related to NCAA compliance reviews.

Further, you authorize the NCAA to disclose personally identifiable information from our 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. 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 bylaws, policies, or procedures. You will not be identified by name by the NCAA in any such published or distributed information.

Date

Signature of Athletic Training Student



School of Applied Health and Educational Psychology
 434 Willard/103 Colvin Center
 Stillwater, Oklahoma 74078
 405-744-5493
 Fax: 405-744-6756 Willard
 Fax: 405-744-6507 Colvin

**OSU ATEP
 MID-TERM GRADE CHECK**

Dear Professor:

To assure that the student is making academic progress in your class, we ask you to provide the following information. This information will aid our academic staff in determining if additional academic assistance is needed.

_____ is enrolled in you _____ class.
 (Full Name) (course prefix and number)

At this point in the semester, the student has earned the following grade:
 A B C D F

Please indicate the probable reason for unsatisfactory work:

- Insufficient daily preparation
- Excessive absences (number) _____
- Poor Attitude
- Other (please verify)

Comments or suggestions:

 Signature of Professor Date

 Contact information (email or phone number)

Dear Professor:

To assure that the student is making academic progress in your class, we ask you to provide the following information. This information will aid our academic staff in determining if additional academic assistance is needed.

_____ is enrolled in you _____ class.
 (Full Name) (course prefix and number)

At this point in the semester, the student has earned the following grade:
 A B C D F

Please indicate the probable reason for unsatisfactory work:

- Insufficient daily preparation
- Excessive absences (number) _____
- Poor Attitude
- Other (please verify)

Comments or suggestions:

 Signature of Professor Date

 Contact information (email or phone number)

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_____ is enrolled in you _____ class.
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At this point in the semester, the student has earned the following grade:
 A B C D F

Please indicate the probable reason for unsatisfactory work:

- Insufficient daily preparation
- Excessive absences (number) _____
- Poor Attitude
- Other (please verify)

Comments or suggestions:

 Signature of Professor Date

 Contact information (email or phone number)

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 A B C D F

Please indicate the probable reason for unsatisfactory work:

- Insufficient daily preparation
- Excessive absences (number) _____
- Poor Attitude
- Other (please verify)

Comments or suggestions:

 Signature of Professor Date

 Contact information (email or phone number)