

TCU Athletic Training / Sports Medicine

General Authorization Form

I fully understand that my performance as a student-athlete and the reputation of my team at Texas Christian University ("TCU") are dependent on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the coaches and administrators of the Athletics Department and sports in which I participate at TCU.

In order to enable TCU to protect and maintain the health and safety of its students and to discharge its responsibilities of maintaining discipline and an educational atmosphere, I hereby authorize members of the TCU coaching staff or athletics staff, the Vice Chancellor of Student Affairs, and any of their designees, to enter into and inspect my residence hall room at TCU or any other room in which I am staying while participating in TCU Athletics in order to check for cleanliness and or violations of the policies of the TCU Athletics Department, the Student Code of Conduct, and any and all rules, regulations and policies of TCU. I understand that articles found which might be in violation of any of the above policies or law can be confiscated and removed and that I might be subject to appropriate disciplinary action.

I hereby authorize my academic advisor to mail an academic status report at mid-term (or earlier if the advisor deems appropriate) of each fall and spring semester to my parents or guardian. Such report shall include the current grade, attendance reports and pertinent information that the advisor deems appropriate. I also authorize and consent to a full academic report being sent to my parents or guardian at the completion of each semester and the completion of the academic school year.

I hereby agree to release and hold TCU, its officers, trustees, employees, representatives and agents harmless from any liabilities as a result of their compliance with the terms of this General Authorization and Consent.

This General Authorization and Consent shall be deemed a consent pursuant to the Family Educational Rights and Privacy Act.

Name (print) _____ Date: _____

Signature: _____

Witness Signature: _____