**Academic** **Year** **2016-17**

**Permission** **to** **Contact:** **Self-Release** − **NCAA** **Division** **III**

**For:** **Action:**

**Authorized** **by:** **Purpose:**

**Period** **of** **Release:**

Student-athletes.

Complete form, sign and send to the director of athletics at institution where you wish to discuss a possible transfer.

NCAA Bylaw 13.1.1.2.1.

To grant NCAA Division III student-athletes permission to contact other NCAA Division III institutions athletics department staff about a possible transfer.

This permission to contact will be in effect for 30 days from the date this document is signed.

**NAME** **OF** **STUDENT-ATHLETE:**

Name of institution you wish to contact:

Use this form so you may contact another NCAA Division III college or university's athletics staff members (including coaches) about a possible transfer. This form does not allow you to contact athletics department staff members at NCAA Division I or NCAA Division II institutions.

Bylaw 13.1.1.2 states that:

"An athletics staff member or other representative of the institution's athletics interests shall not make contact in any manner (e.g., in-person contact, telephone calls, electronic communication, written correspondence) with the student-athlete of another NCAA or NAIA four-year collegiate institution, directly or indirectly, without first obtaining written permission to do so, regardless of who makes the initial contact. If permission is not granted, the second institution shall not encourage the transfer. If permission is granted, all applicable NCAA recruiting rules apply. Written permission may be granted by:

(a) The first institution's athletics director (or an athletics administrator designated by the athletics director); or

(b) The student-athlete, if the student-athlete attends a Division III institution."

1. This form gives you permission to have contact with the athletics staff at another NCAA Division III college or university to discuss a potential transfer. It also gives another college or university permission to contact you. This form does not include any information about your academic or athletics eligibility; however, in order to be immediately eligible to compete at the new institution, you must not have an unfulfilled residence requirement and have been both academically and athletically eligible for athletics had you stayed at your current institution.

2. This form is effective for 30 days from the date of signature. While the form is effective, the new institution may contact you or you may contact the new institution. If this is the first time you have sent this form to a particular institution, then that institution must preserve the privacy of this contact, and any further communication for 30 days. If you desire, this privacy can be

Permission to Contact: Self-Release – Division III Page No. 2

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waived by checking the box on Page No. 2 of this form. At the end of the 30-day period, if you decide to transfer, your new institution must notify your current institution within a seven-day period of the form's expiration date that this form was issued.

3. **If** **you** **decide** **not** **to** **pursue** **the** **transfer,** **the** **new** **college** **or** **university** **is** **not** **allowed** **to** **notify** **your** **current** **institution** **of** **the** **contact** **at** **any** **time.** If you are undecided at the end of the 30-day period, you must send a new copy of this form to have additional contact with the college or university. Further, because this second release is beyond the first 30-day period, the new college or university must notify your current institution within seven days of receiving a second form that a second release was issued.

4. By signing this form, you agree that you permit the named college or university to contact you for a 30-day period from the date this document is signed. You also agree that if you decide to transfer, or if you send a second self-release, the new college or university will notify your current institution of these facts. Institutions in receipt of this form are not allowed to notify your current institution of this release, unless:

(a) You have granted permission for that notification to occur by checking the box near the end of this form;

(b) You notify the institution in receipt of the form that you have decided to transfer to that institution; or

(c) You have issued a second self-release.

Signature of Student-Athlete

Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of current institution

Sport(s) of interest

Contact information (telephone number, email address, or physical address)

 Check this box if this is the first release issued to this institution.

 Check this box if you give the named college or university permission to notify your current institution of this permission to contact during the 30 days this form is effective.

**What** **to** **do** **with** **this** **form:** Sign and send this form to the director of athletics at the college or university you would like to contact about a possible transfer. You may send this form via facsimile, email or standard mail, but the form must include a signature. If this form is emailed, it still must include a scanned signature.

*This* *form* *is* *to* *be* *kept* *in* *the* *director* *of* *athletics'* *office* *for* *six* *years****.***

gov/DIIICommittees/10InterpretationsandLegislativeCommittee/Meetings/2016/05MayTeleconference/ComplianceForms/DIIIPermissiontoContactSelf-Release/JW:jcw\_05/12/2016