



**AMERICA EAST CONFERENCE
PROGRESS TOWARD DEGREE WAIVER FORM**
(See NCAA Bylaw 14.4.3.6)

Name of Student-Athlete: _____

Institution: _____

Date of Initial Full-Time Collegiate Enrollment: _____

Sport: _____

Term Requesting Waiver: _____

☐ Medical Absence:

Date of Injury or Illness: _____

Nature of Injury or Illness: _____

Name of Attending Physician: _____

The following information MUST be attached:

- Physician's statement (including all contemporaneous documentation)
- Signed HIPAA statement from student-athlete (see page 2)
- Official withdrawal notification from institution (if applicable)

☐ International Competition:

The following information MUST be attached:

- Letter from appropriate entity (e.g., national governing body) that confirms the student-athlete's participation and dates of participation in competition

Institutional Certification: The appropriate undersigned individuals certifies that the information set forth is accurate and the requirements of the appropriate NCAA bylaw have been met:

Date

Signature of Preparer

Date

Signature of Director of Athletics

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

I authorize any physician, team doctor, or other health care provider who is affiliated with my institution and from whom I have received health care treatment to disclose the following health information to an athletics department staff member at my institution or other authorized representative of the America East Conference:

All information contained in any of my medical, psychiatric, psychological or other health care services records, including, but not limited to, any treatment records, notes, charts, summaries, reports, diagnoses, films, photographs, x-rays, sketches, diagnostic information, prescriptions, reports to or from third parties relating to my treatment in any way, and dates of service.

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndromes (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

This health information may be disclosed to and used by the America East Conference for the purposes of determining my eligibility as a student-athlete under National Collegiate Athletic Association (NCAA) guidelines and for processing and considering my petition for waivers of America East Conference rules and NCAA waivers delegated to the America East Conference to administer.

This authorization shall be in force and effect until the completion of my eligibility as a student-athlete as determined under America East Conference rules and NCAA guidelines, at which time this authorization will expire.

I understand that I have the right to revoke this authorization, in writing, at any time by sending my written revocation to the Commissioner of the America East Conference and to the specific physician, team doctor or other health care provider who is affiliated with my university and from whom I have received health care treatment. I understand that the revocation will not apply to information that has already been released in response to this authorization and that my revocation of this authorization may, depending on the circumstances of the revocation, prevent me from obtaining a waiver of America East Conference or NCAA rules.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I also understand that the disclosure of this health information carries with it the potential for re-disclosure by the America East Conference or other recipients and may no longer be protected by federal or state law. However, I also understand that if I refuse to sign this authorization, my petition for waiver will not be processed.

Date

Signature of Student-Athlete