Permission to Contact: Self-Release – Division III

For: Student-athletes.
Action: Complete form, sign and send to the director of athletics at institution where you wish to discuss a possible transfer.

Authorized by: NCAA Division III Bylaw 13.1.1.2.1.
Purpose: To grant Division III student-athletes permission to contact other Division III institution's athletics department staff about a possible transfer.

Period of Release: 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 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 Division I or Division II institutions.

NCAA Division III Bylaw 13.1.1.2 states that:

An athletics department staff member or other representative of an institution's athletics interests shall not make contact in any manner with the student-athlete of another four-year collegiate institution without first obtaining written permission to do so. 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.

This form gives you permission to have contact with the athletics staff at another 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 have been academically and athletically eligible for athletics had you stayed at your current institution.

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 waived by checking the box on page two 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.
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, you are not guaranteed privacy for a second (or any other) self-release. Within seven days of receiving a second form from you, the college or university must notify your current institution that a second release was issued.

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      Date

________________________________________  _____________________________
Name (Please Print)      Name of Current Institution

______________________________________________________________________________
Sport(s) of interest

Contact information (telephone number, e-mail 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 fax, e-mail or standard mail, but the form must include a signature. If this form is e-mailed, it still must include a signature (e.g., a scanned signature).

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

The National Collegiate Athletic Association
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