

# **NATIONAL INTERCOLLEGIATE** **RODEO ASSOCIATION**

## *2015 - 2016 Certificate of Clearance*

In accordance with the Family Educational Rights and Privacy Act, I the undersigned, hereby authorize the Faculty Athletics Representative, Athletics Director, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in intercollegiate athletics. The release of such information shall be restricted to any and all official representative of NIRA, only for the purpose of determining my eligibility for intercollegiate athletics. It is further understood that I may receive copies of such material from the institution upon request.

The above statement is applicable for the sport of RODEO for the academic year, 2015/2016.

**This form is to be completed in duplicate. The white copy is to be sent by mail or fax to the National Intercollegiate Rodeo Association, with the yellow copy to be retained by the institution.**

Print or Type Student's Name \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

College or University \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_