



The PacWest

Buckley Amendment

Statement to be signed by student-athlete and submitted with a contemporaneous request for Medical Hardship Waiver.

I give my consent to disclose to authorized representatives of PacWest Conference and the NCAA any documents or information pertaining to my NCAA eligibility (including my medical information). Additionally, I give my consent to authorized representatives of PacWest Conference and the NCAA to disclose my name and personally identifiable information from my education records to a third party (including but not limited to the media) as necessary to explain the PacWest Conference or NCAA decision regarding this hardship waiver request without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act.

Student-athlete's name (please print clearly)

Signature (student-athlete)

Date

Student- athlete's address