



SUNY POLYTECHNIC INSTITUTE

SUNY Poly’s Student-Athlete Disclosure Consent Form

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|---|------------|
| First Name: | Last Name: |
| Other names used (please list any prior preferred and/or legal names you have used in the past five years): | |
| Date of Birth: | |
| Institution Name: | |
| Dates of Attendance: | |

In signing below, I authorize _____ (Institution Name) to release any Title IX, disciplinary/conduct, and/or criminal information, including information about any pending or incomplete proceedings, from my educational records to SUNY Polytechnic Institute (to the attention of Katie Tynan-Simon, Title IX Coordinator and Megan Wyett Lennon, Director of Community Standards & Student Involvement).

The purpose of this consent form is to release information consistent with the annual disclosure process outlined in SUNY Poly’s Student-Athlete Disclosure Policy (<https://sunypoly.edu/titleix/student-athlete-disclosure-policy>). Information obtained in the disclosure process will be used and shared as outlined in the policy.

I understand I may withdraw my consent to share this information at any time by providing written notice to:

Katie Tynan-Simon
 Title IX Coordinator
 Student Center S228
tynank@sunypoly.edu
 315-792-7235

Megan Wyett Lennon
 Director of Community Standards & Student Involvement
 Student Center S105
wyettm@sunypoly.edu
 315-792-7535

I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided for the specific purpose described above.

Signature.*:

Date:

**If you are under the age of 18, the signature of a parent or legal guardian is required.*

Parent/Legal Guardian Name (please print):

Parent/Legal Guardian Signature:

Date: