

E. REQUIRED STUDENT SIGNATURE

I certify that all information provided by me on this form is correct. I understand that any false statement in this process may render me ineligible for further competition. In order to determine and confirm my athletic eligibility, I, the undersigned, do hereby consent to the release by this University to the appropriate conference and national organization and their officials any and all records including, but not limited to, my academic, attendance, and athletic records, which are necessary to determine my eligibility to compete in any intercollegiate athletic event sponsored or approved by and conducted in accordance with the rules of the appropriate athletic conference or national organization.

Signature of Student: _____ Date _____

F. APPROVAL SIGNATURES

Staff member signatures MUST be acquired in the order listed

1. Dee Menzies, Director of Athletic Eligibility Certification (Regent Administrative Center, Registrar's Office)

IRL _____ Qualifier _____ Partial _____ Non-Qualifier _____

Type of Transfer: 2-4 4-4 4-2-4 List Missing Transcripts: _____

Comments: _____

Temporarily Eligible for Practice upon Completion of this Checklist _____ Eligible _____ Not Eligible

Signature Date

2. Rob Drybread, Financial Aid Athletics Counselor (Regent Administrative Center, Office of Financial Aid):

Signature Date

Comments: _____

3. Academic Coordinator assigned to your sport program (Herbst Academic Center, Dal Ward Center):

Signature Date

4. Sports Medicine, Athletic Trainer (Dal Ward Center Main Level, Coors Events Center, Champions Center):

_____ Physical _____ Physical Proof of Insurance _____ Drug Testing Policy _____ Sickle Cell Testing

Signature Date

5. Equipment Room, (Dal Ward Center B1, Coors Events Center, Champions Center)

Signature Date

6. Sports Performance, (Dal Ward Center B2, Coors Events Center, Champions Center)

Signature Date

7. Sports Information (Coors Events Center, Champions Center):

Signature Date

PLEASE RETURN COMPLETED FORM TO THE OFFICE OF COMPLIANCE SERVICES

----- (OCS use only) -----

____ NCAA SAS _____ NCAA Drug Form _____ Promotional Activities Form _____ 2015-16 SA Contract _____ Student Host Certification

_____ Date to add to CAI _____ Temp Cert Date