



SPORT \_\_\_\_\_ Coach \_\_\_\_\_

**STUDENT-ATHLETE INFORMATION**

Name \_\_\_\_\_  
*first, middle, last*

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Permanent Address \_\_\_\_\_  
*Street (Do Not Use P.O. Box)*

\_\_\_\_\_ City State Zip

Date Entered or Expected to Enter UM \_\_\_\_\_

IFTE Any Collegiate Institution \_\_\_\_\_

Years of Eligibility Remaining \_\_\_\_\_

**RECRUITMENT ACTIVATION/ROSTER ADDITION**

**High School PSA's** \*\*\* Attach transcript from all high schools attended & test scores

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Transfer PSA's** \*\*\* Attach transcripts form all collegiate institutions attended

Previous Collegiate Institution(s) Attended	Type of Institution <i>(circle)</i>	Date of Attendance
_____	2 YR 4YR	_____
_____	2 YR 4YR	_____
_____	2 YR 4YR	_____

If needed, has permission to contact" been received? Yes No

**VISIT INFORMATION/APPROVAL**

Est. Arrival Date / Time \_\_\_\_\_ Est. Departure Date / Time \_\_\_\_\_

Person to Accompany PSA \_\_\_\_\_ Relation to PSA \_\_\_\_\_

Official Visit Approved Yes No Date \_\_\_\_\_

**ROSTER DELETION**

Date of Deletion \_\_\_\_\_  
 \_\_\_\_\_ Quit  
 \_\_\_\_\_ Cut  
 \_\_\_\_\_ Medical  
 \_\_\_\_\_ Other, \_\_\_\_\_

Is the SA currently eligible for competition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you grant this SA permission to contact any non-conference insititon? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you grant this SA permission to contact conference institutions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you grant this SApermission to compete immediately at any institution ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Coaches Signature \_\_\_\_\_ Date \_\_\_\_\_