



The College Conference of Illinois & Wisconsin

To: _____

Fax #: _____

Transfer Information Request Form

Do you grant permission for _____ to contact the designated student-athlete to discuss transfer possibility? Please circle - YES NO

Circle appropriate classification: Two-Year College NAIA NCAA Div. I Div. II Div. III

The information below is requested to determine this student-athlete's eligibility. Your assistance in completing this form is greatly appreciated.

College History for:

Student-athlete name: _____ Sport(s): _____

Date of birth: _____ School name: _____

Date of entrance: _____ Student ID Number: _____

1. Is this student-athlete in good academic standing? YES NO
2. Would the student-athlete been academically and athletically eligible to participate in athletics had she/he remained at your institution? YES NO
3. How many semesters were completed while at your school? _____
4. How many years of NCAA eligibility has this student completed? _____
5. Has this student received a Hardship Waiver while at your institution? YES NO
6. Did this student participate at your institution?
Practice? YES NO Competition? YES NO
7. Please list the varsity sport(s) and season(s) in which the student participated:
Sport: _____ Season: _____
Sport: _____ Season: _____
Sport: _____ Season: _____
8. Did this student transfer to your institution? YES NO
If yes, please provide previous school name and dates attended _____

Testifying Statement – I certify that the above statements are correct and complete in all respects as based on information at our institution.

Name: _____ Title: _____

Signature: _____ Date: _____

Return To: _____ Fax #: _____