Student-Athlete Contact & Transfer Eligibility Verification

From (name): ___________________________________________ Title: ____________________________

Institution: __________________________________________ Phone#: _________________________

To (name): __________________________________________ Title: ____________________________

Institution: __________________________________________ Phone #: _________________________

Name of Student-Athlete: ___________________________ Date: ____________________________

A student-athlete who is currently attending your institution has been in contact with a member of our Athletics Dept. staff regarding a possible transfer:

1. Did the S-A transfer from another four-year institution to your institution? ____Yes ____No

2. If so, name of institution(s): __________________________ Date of Transfer: __________________

3. Did the S-A compete or practice as a member of an intercollegiate athletic team while Attending your institution? ____Yes ____No

   If yes, what was the date of S-A’s last participation?

   __________________

4. Did the S-A use athletic eligibility while attending your institution? ____Yes ____No

5. Was the S-A granted/use a red-shirt season (medical or otherwise) at your institution? ____Yes ____No

6. Please list years/seasons of athletic competition and/or practice prior to transfer:

   ____________________________________________________________

   ____________________________________________________________

7. Please list dates of full-time terms of attendance:

   ____________________________________________________________

   ____________________________________________________________

8. Is the S-A in good academic standing and meeting satisfactory progress? ____Yes ____No

9. Would the S-A be eligible to compete per NAIA rules if they stayed at your institution? ____Yes ____No

10. Did S-A receive any athletic-related financial aid while at your institution? ____Yes ____No

11. Did the S-A receive any disciplinary action (academic or athletic) or is the S-A currently under suspension at your institution? ____Yes ____No

12. Do you agree to grant the S-A a transfer release? ____Yes ____No

The Following Information pertains only to Mid-South Conference intra-conference transfers:

13. Do you agree to release the S-A with the understanding that they would be ineligible to participate in varsity competition for 365 days under the Mid-South Conference Transfer Rule? ____Yes ____No

14. Would you have any objection to the S-A requesting and being granted an exception to the Mid-South Conference Transfer Rule? ____Yes ____No

I certify that the above information is correct and complete to the best of my knowledge:

Name of Person Completing Form (print): __________________________ Date: __________________

Signature: __________________________ Title: __________________________