Admissions and Records
1202 W. Thomas Road
Phoenix, Arizona 85013
Office: 602.285.7777
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Participation Verification

FORM 3
ARIZONA COMMUNITY COLLEGE ATHLETIC CONFERENCE-PHOENIX COLLEGE

TO: REGISTRAR AT_____

FROM: DENISE CALHOUN, Athletic Eligibility/ Admissions & Records
Office: (602)285-7507 Fax: (602)285-7813

SUBJECT: **ATHLETIC ELIGIBILITY INQUIRY OF**: _____
STUDENT NAME (please print)

SS#: _____

I authorize the release of the requested information to Phoenix College for the purpose of athletic eligibility determination.

_____ _____
STUDENT SIGNATURE DATE

TO BE FILLED OUT BY THE STUDENT'S PREVIOUS COLLEGE

Did this student matriculate at your college/university? YES____ NO_____

If yes, on what date?_____ Last date of enrollment:_____

Number of credits enrolled, last semester of attendance:_____

Number of credits completed, last semester of attendance:_____

Did this student participate in intercollegiate athletics? YES_____ NO_____

If yes, what sport(s) and how many seasons? (**Note: if the above student participated even in one intercollegiate contest, please record the sport as one season of participation**.)

SPORT_____ HOW MANY SEASONS_____

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SPORT_____ HOW MANY SEASONS_____

Have you sent transcripts for this student to any other College/University? YES___ NO___

If yes, please list which College/University: _____

I certify the above information to be true _____ _____
Signature of College/University Date

Revised 10.13.2008