

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION PROOF OF RELEASE

Name of Student: _____

Age _____ (2016-17) Grade: _____

Name(s) of Parent(s)/Legal Custodian(s) _____

Address (Residence): _____

City _____ State _____ Zip _____

Student's Assigned/Home School _____

Previous Member School _____

Transferred to _____

Date Student Withdrew From Previous Member School _____

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

1. Has the abovenamed student applied for and been approved for release from the Previous Member School District/LEA?
2. If the answer to Question 1 is Yes, documentation of the student's release from the Previous Member School District/LEA is attached to this document.
3. If the answer to Question 1 is No, documentation of the student's withdrawal (e.g. Withdrawal Form) from the Previous Member School is attached to this document.

By signing this proof of release, I certify that all information regarding the abovenamed student is accurate and all required documents regarding the abovenamed student's release are attached. I understand that failure to submit any of the required documents may result in the delay and/or denial of this student's transfer waiver request.

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| Signature of Superintendent or Superintendent Designee: |
| Printed name of Superintendent or Superintendent's Designee: <i>Print Title</i> |
| Date: |
| Email Address: |
| Phone Number: |