

OFFICIAL VISIT REQUEST FORM

Office of Athletic Compliance



Prospect's Name: _____ Sport: _____

Address (street, city, state zip): _____

SSN: _____ Date of birth: _____

Prospect's School: _____ Is this a: HS JC Four-Year

Arrival Date: _____ Estimated Arrival Time: _____

Departure Date: _____ Estimated Departure Time: _____

Parents/Guardians Accompanying Prospect: Yes No [If yes, names: _____]

Transportation: Automobile Air Train Bus Estimated Cost: _____

Lodging: On-campus Off-campus [Location: _____] Estimated Cost: _____

Student Host: _____ Amount of Host Money Requested: _____

To be completed by Head Coach	
My signature below affirms that the information provided above is accurate and done so to the best of my ability.	
_____	_____
Signature of Head Coach	Date

To be completed by Athletic Administration		
Transcript on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Score on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	On IRL: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____
Compliance Approval	Date	
_____	_____	_____
Sr. Associate Athletic Director Approval	Date	