

Cumberland University

Student-Athlete Release Form

Athletic Department
One Cumberland Square
Lebanon, TN 37087
Office (615) 547-1348 Fax (615) 444-2569

Student's Name:

Sport:

A student-athlete at your institution has contacted us about the possibility of transferring.

May we have permission to speak with him/her? Yes No

If this student does decide to transfer, we need the information below to determine the qualifications of a transferring athlete:

1. Did the student-athlete transfer from a four-year institution to your institution?

Yes No

If so, please indicate the institution _____

2. Did the student-athlete use intercollegiate athletic eligibility at your institution?

Yes No Number of Seasons: _____

3. Is the student in good academic standing and meeting the satisfactory progress requirement? Yes No

4. Do you release this student-athlete to transfer to Cumberland University and be immediately eligible to compete? Yes No

5. Do you have any objection to the student-athlete being granted an exception to the transfer residence requirement? Yes No

Director of Athletics

Date