



University of Louisiana – Lafayette COMPLIANCE OFFICE ELIGIBILITY REQUEST FORM

SPORT: _____ COACH: _____ RECRUITED: YES NO

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY #: _____ - _____ - _____ ETHNICITY: _____

DATE OF BIRTH: ____/____/____ PHONE NUMBER: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HIGH SCHOOL: _____ YEAR GRAD: _____

HIGH SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT UL STUDENT YES NO

FIRST SEMESTER STUDENT PLANS TO ATTEND UL-LAFAYETTE: _____

TRANSFER STUDENTS ONLY: PLEASE LIST ALL COLLEGES ATTENDED

1. _____

2YR / 4YR FROM: _____ TO: _____

2. _____

2YR / 4YR FROM: _____ TO: _____

3. _____

2YR / 4YR FROM: _____ TO: _____

GRADUATED: YES / NO DATE OF GRADUATION: _____

Compliance Office use:

Date added to IRL _____ Initials _____