



UNIVERSITY OF LOUISIANA - LAFAYETTE
 PERMISSION TO CONTACT
 ONE-TIME TRANSFER EXCEPTION
TRANSFER HISTORY

Student's Name: _____ SSN: _____ Sport: _____

The University of Louisiana at Lafayette is interested in contacting the above-mentioned student-athlete. By completing this form you will aid us in determining this student-athlete's transfer status. Your assistance is appreciated.

Does your institution grant UL permission to talk to the student-athlete named above? YES _____ NO _____

Do you grant a release to this student-athlete from his or her obligation of the National Letter of Intent? YES _____ NO _____

Name of institution: _____ 4-Year _____ J.C. _____

NCAA Division I II III NAIA NCAA Football Division FBS FCS II III N/A

Student-Athlete's (S-A's) Entry Date: _____ Withdrawal Date: _____ Semesters Attended: _____

Please list any other institutions the student-athlete has attended:

School: _____ 4-Year _____ J.C. _____ Dates: _____

School: _____ 4-Year _____ J.C. _____ Dates: _____

ELIGIBILITY STATUS

Is the S-A a qualifier? (If possible, please send 48-C along with this release) YES _____ NO _____

Did the S-A receive an Associate Degree? Date received _____ YES _____ NO _____

Was the S-A recruited? YES _____ NO _____

Did the S-A sign a Letter of Intent with your school? YES _____ NO _____

Was the S-A in "Good Academic Standing" upon Withdrawal? YES _____ NO _____

Has this S-A fulfilled the satisfactory progress requirement? YES _____ NO _____

Football Only:

Did the S-A successfully complete at least 9-semester hours or 8-quarter hours of academic credit during the fall term and earn the APR eligibility point for the fall? YES _____ NO _____

If no, did the S-A successfully complete a minimum of 27-semester hours or 40-quarter hours while enrolled at your institution? YES _____ NO _____

Additionally, has the S-A previously utilized NCAA Bylaw 14.4.3.1.6.2 (One-Time Exception) for regaining eligibility? YES _____ NO _____

Would the S-A have been eligible had he/she remained at your institution? YES _____ NO _____

Has the S-As sport been discontinued by the athletics department? YES _____ NO _____

Has the S-A been declared ineligible due to a positive drug test administered by the NCAA? YES _____ NO _____

Has the S-A been disqualified or suspended from your institution for disciplinary reasons, as opposed to academic reasons? YES _____ NO _____

If qualified, do you have any objections to granting this athlete a one-time transfer exception? YES _____ NO _____

Please record all the Student-athlete's athletic participation at your institution.

Sport	Academic Term	Participation (circle)			
_____	_____ - _____	Competed	Practiced Only	Medical Hardship	Rec. Athletic Aid
_____	_____ - _____	Competed	Practiced Only	Medical Hardship	Rec. Athletic Aid
_____	_____ - _____	Competed	Practiced Only	Medical Hardship	Rec. Athletic Aid

Print Name _____

Title _____

Signature _____
(Person Completing Form)

Date _____

Please return to: Compliance Office
University of Louisiana at Lafayette
201 Reinhardt Drive
Lafayette, LA 70506-4297
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Fax: (337) 482-1041