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|  | Out-of-StateStudent Contact Record | Form C |
| This form shall be completed by all student athletes who are from outside the State of California.Directions:A. Have each out-of-state student complete this form at the time of, or as soon as possible, following first contact. Exception: Colleges with out-of-state recruiting waivers are exempt from this policy.B. When the student enrolls at your college, attach this Form C to the college’s copy of the eligibility Form 1 for first-contact verification. |
| To be completed by the student athlete:(Please type or print) |
|       |  |       |  |       |  |       |
| Name |  | Phone Number |  | Date of Birth |  | Today’s Date |
|       |
| Your Current Address: Street, City, State, Zip Code |
|       |  |       |
| High School of Last Attendance |  | Date of Last Attendance |
|       |
| High School Address: Street, City, State, Zip Code |
|       |  |       |
| List your sport (s) |  | List the community college(s) you would normally attend |
| I hereby certify that I made the first contact with: |
|        | College |
| and that I have chosen this college without prior contact by members of the staff or persons representing the college. I understand that any misinformation will result in loss of eligibility and forfeiture of contests. |
|  |  |  |  |
|  | ***Signature*** |  | Date |
| Athletic Director: Please keep on file at your campus. | (7/1/14) |