

**IPFW**  
**Institutional Release Form**

To: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
From: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Institution: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Contact #: \_\_\_\_\_

RE: Release and Transfer Form

Date: \_\_\_\_\_

\_\_\_\_\_, SS# \_\_\_\_-\_\_\_\_-\_\_\_\_, who previously attended or is in attendance at your institution, has contacted us expressing an interest in transferring to IPFW to participate in \_\_\_\_\_. If there are no objections, please respond to all applicable questions to assist IPFW with determining the student's eligibility.

According to **NCAA Bylaw 13.1.1.3**, do we have permission to contact said student- athlete?  YES  NO. If yes, please respond to the following questions:

1. Did the student-athlete transfer to your institution?  YES  NO. If yes, please name transfer institution(s) and date(s) of enrollment: \_\_\_\_\_

2. Date student enrolled at your institution: \_\_\_\_\_

3. Was the student-athlete certified for Division I by the **NCAA Initial Eligibility Clearinghouse**?  YES  NO. If yes, please attach a copy of the student's **48C Form**.

4. If the student remained at your institution, would he/she be eligible to participate?  YES  NO.

5. Is the student in good academic standings at your institution?  YES  NO.

6. Is the student meeting your satisfactory progress requirements?  YES  NO.

7. If the student is beyond his/her fourth semester or sixth quarter of full-time enrollment, what is his/her Degree Program of Study? \_\_\_\_\_

8. Was the student-athlete recruited by your institution?  YES  NO. If yes, did he/she receive institutional aid while enrolled at your institution?  YES  NO.

NO# of years: \_\_\_\_\_

9. If the student was not recruited, does the student-athlete **meet Bylaw 14.5.5.2.9 (Non-Recruited Student Exception?)**  YES  NO?

10. Did the student-athlete participate in intercollegiate athletics at your institution?  YES  NO. If yes, what sport(s) \_\_\_\_\_, Season's Utilized \_\_\_\_\_.

11. Was the student-athlete granted a **medical red-shirt**  YES  NO. If yes, what academic year/date: \_\_\_\_\_ and please attach the approved medical hardship from your conference or NCAA.

12. Was the student-athlete granted **non-participation "Red Shirt"**?  YES  NO. If yes, provide academic year/date: \_\_\_\_\_, and please attach your institution's signed approval form.

13. Did the student-athlete sign a National Letter of Intent?  YES  NO. If yes, did he/she fulfill their obligation?  YES  NO. If not, would you agree to a "**Mutual Release Agreement**"?  YES  NO

14. Was the student sport "Discontinued"  YES  NO. If yes, do you have any objections to the discontinued sport exception  YES  NO.

15. \_\_\_\_\_, Certifies that it has no objections to **Bylaw 14.5.5.2.10 (One-Time Transfer Exception)**, if applicable.

Thanks for your cooperation,

Tommy Bell  
Athletic Director/Designee

\_\_\_\_\_  
Certifying Institution's Signature

\_\_\_\_\_  
Date