

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