STUDENT ATHLETE
GRADE POINT AVERAGE RELEASE FORM

I, ________________________________ do hereby authorize that my Grade Point Average (GPA) be released to and reviewed by the Student Activities Counselor and/or Director of Student Services to certify my qualification to hold a position in the New River Community College __________________________ club sports team.

VCCS Sport GPA Requirements:
  Returning player------------------------2.0   (cumulative and semester)
  First semester player------------------1.75 (cumulative and semester)

Signature________________________________ Date__________________________

Emplid:________________________________

Please list a current telephone number where you can be reached when not at the college:

Home:_______________________________ Work:____________________________

Cell Phone:___________________________

Email Address:_______________________

For Office Use Only

Number of successfully completed credit hours____________________________

Cumulative Grade Point Average________________________________________

Semester Grade Point Average__________________________________________

Player Approved____________________ Disapproved_______________________

Disapproved
(Please state the reason disapproved)

Certified by________________________ Date:__________________________