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:________________________