

VIRGINIA COMMONWEALTH UNIVERSITY

Department of Intercollegiate Athletics

Recruit Identification Form

Prospective student-athlete to begin participation: Fall Spring of 20_____

Recruited or Walk-On Team: _____

Name: _____ SSN: _____ D.O.B.: ____/____/____

Home Address: _____
Street Address City State Zip

High School: _____

High School Address: _____
Street Address City State Zip

Colleges Attended (including VCU full-time):

College/Institution Name	City, State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior Participation History:

High School Only Signed NLI: School _____

College/Institution Name	Sport	Years Participated (example: 2 seasons, 99-00, 00-01)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applied to Clearinghouse: Yes No Applied to VCU: Yes No

COMMENTS: _____

Coach _____ Date _____ Compliance _____ Date _____