

SAGINAW VALLEY STATE UNIVERSITY

7400 Bay Road
University Center, MI 48710
Phone: (989) 964-7306
Fax: (989) 964-7389
www.svsu.edu

Cardinal Athletics

Prospective Student-Athlete

Name: _____ Sport: _____
Home Address: _____ Coach: _____
City: _____ Coach Phone: _____
State: _____ Zip Code: _____ Coach E-mail: _____
Home Phone: _____ Position/Event: _____
E-mail: _____ Height: _____ Weight: _____
Birth date: _____ Jersey #: _____
Social Security Number: _____ Athletic Honors: _____
Parent/Guardian Names: _____

High School: _____
High School Address: _____
City: _____ Letters Earned: _____
State: _____ Zip Code: _____
High School Phone: _____
GPA: _____ Grad. date: _____
ACT/SAT Score: _____

Sport Specific Comments: _____

College Academic Interest/Major: _____

Have you applied for admission to Saginaw Valley State University? Yes No
Have you Registered with the NCAA initial eligibility clearinghouse? Yes No
Do you have a game video or highlight video available? Yes No

Student Academic Information Release Waiver

I, _____, do hereby authorize the release of all my academic records (transcripts, test scores, etc.) to representatives of SVSU Athletics.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____