



# OUT-OF-STATE STUDENT CONTACT RECORD

FORM C

This form shall be completed by all student athletes who are from outside the State of California.

**DIRECTIONS:**

- A. Have each out-of-state student complete this form on the first person-to-person visit to the host college's campus. **Exception: Colleges with out-of-state recruiting waivers are exempt from this policy.**
- B. When the student enrolls at your college, attach this FORM C to the college's copy of the eligibility FORM 1 for first-contact verification.

## TO BE COMPLETED BY THE STUDENT ATHLETE:

(Please type or print)

Name	Phone Number	Date of Birth	Today's Date
------	--------------	---------------	--------------

\_\_\_\_\_  
Your Current Address: Street, City, State, Zip Code

High School of Last Attendance	Date of Last Attendance
--------------------------------	-------------------------

\_\_\_\_\_  
High School Address: Street, City, State, Zip Code

List your sport (s)	List the community college(s) you would normally attend
---------------------	---

**I hereby certify that I made the first contact with:**

**College**

\_\_\_\_\_  
and that I have chosen this college without prior contact by members of the staff or persons representing the college. I understand that any misinformation will result in loss of eligibility and forfeiture of contests.

<i>Signature</i>	Date
------------------	------

**ATHLETIC DIRECTOR: PLEASE KEEP ON FILE AT YOUR CAMPUS**

(7/1/18)