

AD Name  
School Name

Date

Dear Director:

The Lipscomb University **sport name** coaching staff is requesting permission to speak to **prospect name** regarding a possible transfer to Lipscomb and subsequent athletic participation. Per NCAA regulations, we would appreciate your response to the following questions to assist in evaluating the eligibility status for this student-athlete.

1. Do we have permission to respond to this student's inquiry? (Y or N)
2. Was this student recruited by your institution? (Y or N)
3. Did this student practice or compete at your institution? (Y or N)  
If yes, please list the dates the student-athlete attended your institution:

\_\_\_\_\_

Also, please list the sport(s) he/she participated in:

Sport \_\_\_\_\_ Year \_\_\_\_\_ Practice? \_\_\_\_\_ Compete? \_\_\_\_\_ Redshirt? \_\_\_\_\_  
Sport \_\_\_\_\_ Year \_\_\_\_\_ Practice? \_\_\_\_\_ Compete? \_\_\_\_\_ Redshirt? \_\_\_\_\_  
Sport \_\_\_\_\_ Year \_\_\_\_\_ Practice? \_\_\_\_\_ Compete? \_\_\_\_\_ Redshirt? \_\_\_\_\_

4. Did the student-athlete receive athletically related financial assistance? (Y or N)  
If yes, please list the semester(s) and year(s) aid was awarded:  
Semester/Year \_\_\_\_\_ Semester/Year \_\_\_\_\_  
Semester/Year \_\_\_\_\_ Semester/Year \_\_\_\_\_
5. Has this student-athlete's sport been dropped? (Y or N) If yes, please list the date: \_\_\_\_\_
6. Did this student transfer from a two or four-year institution to your institution? (Y or N)
7. Was this student a qualifier out of high school? (Y or N)
8. Did this student sign a National Letter-of-Intent with your institution? (Y or N)
9. Is this student currently enrolled full-time? (Y or N)
10. Is this student in good academic standing? (Y or N)
11. Would this student have been eligible had he/she remained at your institution? (Y or N)
12. Does this student meet satisfactory progress requirements for eligibility? (Y or N)
13. Do you have any objection to the student-athlete being granted an exception to the one-time transfer requirement, if applicable? (Y or N)

\_\_\_\_\_  
Individual completing this form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your prompt attention to this inquiry. If you have any questions, please feel free to call our Office of Compliance at (615) 279-5911. Our fax number is (615) 269-1806.**