



LONGWOOD 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

Email Address: _____ High School/Class: _____

Colleges Attended (including Longwood full-time):

College/Institution Name (Include all attended)	City, State	Dates Attended
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_____	_____	_____
_____	_____	_____

Permission to Contact Received: Yes No

Prior Participation History:

High School Only Signed NLI: School _____

College/Institution Name	Sport	Years Participated (example: 2 seasons, 03-04, 04-05)
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_____	_____	_____
_____	_____	_____

Applied to Clearinghouse: Yes No Applied to Longwood: Yes No

COMMENTS: _____

Coach _____ Date _____

Assistant Athletic Director _____ Date _____