

# National Collegiate Grappling Association

## ACADEMIC VERIFICATION FORM (AVF) NCGA Conference >

SCHOOL:

City:

STATE:

ZIP:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I, the undersigned Student-Athletes, do hereby authorize the Activities Coordinator or Athletics Director, the grappling team leadership, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in the National Collegiate Grappling Association (NCGA). The release of such information shall be restricted to any and all official representatives of the NCGA, the Conference, and its member representatives (if applicable), for any official purpose deemed necessary by the NCGA, and in accordance with the NCGA Rules and Regulations. It is further understood that I may receive copies of such material from the institution upon request.

**COACH: PLEASE USE A COMPUTER TO ENTER STUDENT AND COACH INFORMATION. CAUTION - The use of correction fluid will make the form INVALID.**

Head Coach:

Email:

Phone:

**THESE SECTIONS ARE TO BE COMPLETED ONLY BY THE REGISTRAR**

**REGISTRAR - PLEASE PUT AN ENTRY IN ALL ROWS AND ALL COLUMNS**  
Enter 'NONE' where applicable. Do not leave any name fields blank.

| GRAPPLER'S LEGAL NAME<br>Please enter legal name.<br>Enter <u>NONE</u> where there is NO entry Leave no name field blank | STUDENT SIGNATURE | STUDENT ID ## | TRANSFER STUDENT?<br>Enter Yes or No | ACADEMIC CLASS<br>Frosh - Soph<br>Junior - Senior<br>Grad | ALL POST SECONDARY |                   | CURRENT TERM   |                   |               |               | CURRENT CUMULATIVE |  |
|--|-------------------|---------------|--------------------------------------|---|--------------------|-------------------|----------------|-------------------|---------------|---------------|--------------------|--|
|  |                   |               |                                      |   | CREDITS EARNED     | CREDITS ATTEMPTED | CREDITS EARNED | CREDITS ATTEMPTED | LAST TERM GPA | TOTAL CREDITS | GPA                |  |
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### Registrar Authorization

*I, the undersigned Registrar do hereby certify that the academic information listed above is complete and correct according to the official records. The students listed above are currently enrolled in a matriculating program and are progressing toward a degree or an equivalent, and are enrolled in a minimum of nine units during the current term. Seniors are exempt from the nine unit if they will complete their graduation at the end of the current term. I have affixed my official seal to this document.*

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NAME:

SIGNATURE:

DATE:

PHONE:

EMAIL:

# **ACADEMIC VERIFICATION FORM – INSTRUCTIONS:**

## **COACH'S INSTRUCTIONS:**

- 1) Use a computer to enter the names of each grappler.  
*(This will make it easier for staff to read your entries).*
- 2) As additional grapplers join your team, submit additional forms for the Registrar to complete.
- 3) Teams must submit the ORIGINAL AVF form, with the Registrar's seal, to the Conference Championship staff at least a week before the Seeding Meeting for the tournament.

## **REGISTRAR'S INSTRUCTIONS:**

- 1) Use a computer to enter the data for each grappler, if possible.  
*(This will make it easier for staff to read your entries).*
- 2) Please give the ORIGINAL, signed and sealed form to the Coach when completed. The coach (or team representative) will be responsible for submitting the AVF form to the Conference Championship Staff the week prior the Conference Championship tournament.
- 3) When the form is completed, please scan the form in landscape orientation, in PDF format and email the file to: [jim@ncwa.net](mailto:jim@ncwa.net).
- 4) **Deadline** for submitting completed AVF is a week before local Conference Seeding meeting (or earlier).
- 5) If you have any questions, please contact: Jim Giunta at: [jim@ncwa.net](mailto:jim@ncwa.net).
- 6) Do Not Use correction fluid or white-out on the form. This will make the form subject to rejection.

**THIS PAGE DOES NOT NEED TO BE INCLUDED WITH THE PDF FORM**