

Thames Valley Regional Athletics

TVRA TRANSFER CONFIRMATION FORM

Form to be completed by the student, the Athletic Director at the present school, and the Athletic Director (or individual responsible for athletics) of the former school. This should be included with any **section B** transfer appeal.

Name of Student (print)		Date	_
Present School	Grade	Date of Entry	
Current School Athletic Director			
Name of Former School (last 12 months)			
Name of Former School Athletic Director			
SECTION B (to be verified by the Athletic Di	irector of pre	evious school)	
☐ The student did not participate in any sports in the last 12 months			
☐ The student participated in the following sports in the last 12 months			
Former Athletic Director	Signa	ature	
Send to former AD who completes the above, signs and returns.			
Attach to appeal form before submission to Trans Athletics.	sfer Committe	e through the Coordinator of	