## **DREXEL UNIVERSITY**



This form will serve as a permanent record in the sports information office files. Please complete it neatly, accurately and thoroughly. Thank you for your cooperation.

Please return the completed form to: Office of Sports Information, Drexel University, 3141 Chestnut Street, Philadelphia, PA 19104

## **GENERAL INFORMATION**

Full name:	Sport(s):		
Academic Year/Major:	Height/Weight:		
First Name for Publication Purposes:	Birthdate:		
Campus Address:	Birthplace:		
	Campus Phone:		
Home Address:			
	Home Phone:		
	ors):		
BACKGROUND INFORMATION			
Parents/Guardians (Include first names):			
Father's Occupation:	Mother's Occupation:		
Siblings (Include ages):			
Relatives Who Are Drexel Graduates and Their Grad	luation Years:		
I' D I ' WI II DI I C II ' D C	ssional Sports (Include Schools/Teams):		
List Relatives Who Have Played Collegiate or Profes	ssional sports (metade schools/ reams)		
List Relatives Who Have Played Collegiate or Profes	ssional Sports (include Schools/Teams).		
	ssional Sports (Herude Schools/Teams).		

Future Plans/Career Goals:

## ATHLETIC/ACADEMIC BACKGROUND

High School(s) Attended:	
Location:	Years:
List All Sports Played (Include Positions/Years P	layed):
Individual/Team Athletic Achievements (Be spec	ific and attach a separate sheet if necessary):
Individual Academic/Extracurricular Achievemen	nts (Be specific and attach a separate sheet if necessary):
Other College(s) Attended:	
Location(s):	Year(s):
List Academic/Athletic Achievements:	
that is being kept on you in the Drexel Sports Info	articipant in varsity athletics, receive notification of a file ormation office. Included in this file is biographical file is maintained on all varsity student-athletes at Drexel.
The information in this file is used in official Dre releases and other forms of publication information information on varsity athletes.	xel media guides, recruiting brochures, yearbooks, news on that is supplied to the news media requesting
The Privacy Act of 1974 allows you to examine y your acknowledgement of the existence of this fil	your file upon request. Your signature below serves as e and its uses.
NAME	
SIGNATURE	
DATE	