

REQUEST FOR AN APPEAL OF THE ELIGIBILITY REVIEW OF A STUDENT - ATHLETE

This form and all supporting information should be faxed or mail to:

PSAL
44-36 Vernon Boulevard, 4th Floor,
Long Island City, NY 11101.



Attention: **PSAL Board of Review**, Hearing Officer , Fax # 718-729-1106

Case # _____

(PSAL ELIGIBILITY FORM A)

Name Of Student _____

OSIS Number _____

Sport _____

School _____

Athletic Director _____

Principal _____

Coach _____

Contact Info (phone/e-mail/Fax#) _____

Submitted By _____

Athletic Director: Print Name Signature Date

Please provide a brief description of the nature of the review. Attach a copy of the student's transcript and any other pertinent documentation.

Principal's Signature _____

Coach's Signature _____

Parent's Signature _____

FOR COMMITTEE USE ONLY:

Date Name Approved Denied Due to Rule: _____

Explanation: