

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 # 718-707-4498

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: