



VCU Contact Prohibition Release Request Form

Name:

Sport:

Planned Enrollment date:

Reason for release from contact prohibition request:

By signing and submitting this form you are requesting to be released from the Athletics Financial Aid Agreement contact prohibition. By requesting release from the contact prohibition, you are acknowledging that your Athletics Financial Aid Agreement may also be cancelled.

You will receive a response to your request within two business days of submitting your release request. If your release request is denied you are able to request a hearing. The hearing will be conducted by individuals outside of the athletic department and held within fourteen days of the request. After the hearing, you will be notified within two business days whether the contact prohibition has been lifted.

Please sign below indicating you have read and understand the parameters of the Contact Prohibition Release Request.

Signature

Date

Compliance Office Use Only:

The Contact Prohibition Release is: Granted Denied

Compliance Signature: _____ Date: _____

Please complete and return this form to a member of the VCU Compliance staff.