Dear Sir or Madam:

This letter is to inform you of the waiver appeal process regarding the University Interscholastic League Waiver Officer's decision as it pertains to the eligibility of your son/daughter.

For this application to be considered complete and to formally place this case on the agenda for the Waiver Review Board, you must complete, sign, and return the "Waiver Appeal Request" form included in this packet (page 3) along with any additional documentation that was not presented with the initial waiver application. Please type or write legibly.

When the UIL has received your completed appeal request, we will contact you via email acknowledging receipt of the request. We will place your case on an agenda of the Waiver Review Board and notify you of the date and time. Per Section 31 of the *UIL Constitution & Contest Rules*, the Waiver Review Board consists of twelve persons; six who are appointed by the chair of the UIL Legislative Council and six who are elected by their peers. In cases involving appeals, the Waiver Review Board may sit in panels of three voting members.

During the Waiver Review Board meeting your case will be allotted 25 minutes. During the allotted time, the Waiver Review Board will hear testimony from:

- The UIL Waiver Officer
- The parent(s)/student requesting the appeal
- A representative of the school
- Any legal counsel the parents wish to have in attendance
- Other witnesses requested by the appellant

Section 468 of the *UIL Constitution and Contest Rules* outlines the decision review process in an appeal of a waiver application. If the board or the hearing officer finds that the circumstances that caused the student to be ineligible were caused by involuntary and/or unavoidable action such that the student could not reasonably be expected to comply with the rule, and (in the case of a waiver of the four-year rule) if those same circumstances caused the student to miss an entire season's participation in an activity, the waiver shall be granted.

All evidence and documentation that is available should be presented to the Waiver Review Board. The decision of the Waiver Review Board in this matter will be based on the total record of this case including previous and current documentation. The Waiver Review Board's decision on an appeal will be final and is not subject to further UIL review.

The "Waiver Appeal Request" document, provided in this packet, will serve as the formal appeal motion at the end of the hearing. Following the presentation of evidence and summary statements from those present, the Chair of the Board will proceed with the decision-making process. Each committee member will vote "In favor" or "Opposed" to the requested appeal. If a majority of the members vote "In favor" of the appeal, the ruling of the UIL Waiver Officer will be overturned and the appeal granted. If a majority of the members vote "Opposed", the ruling of the UIL Waiver Officer will be upheld and the appeal denied.

Prior to submitting your appeal, review our Precedent Manual to review cases and decisions that may be similar to your case: https://www.uiltexas.org/waivers/waiver-review-board-precedent-manual. As a reminder, the initial waiver denial decision that you received is not a denial due to moving for athletic purposes.

After reviewing the Precedent Manual and understanding that the waiver wasn't denied due to moving for athletic purposes, if you intend to appeal the waiver decision, send the completed "Waiver Appeal Request" (page 3) to Waiver Department, University Interscholastic League, 1701 Manor Road, Austin, TX 78722 accompanied by the \$200.00 non-refundable filing fee (unless fee is waived due to the student's indigent status). Payment will only be accepted in the form of a money order, cashier's check, or school check. Payments should be made out to The University of Texas/UIL. Personal checks will not be accepted.

Should you have questions or require additional information or assistance, please contact the UIL Office at (512) 471-5883.

Sincerely,

Nakita Guillory Waiver Officer

Waiver Appeal Request

The parent(s)/guardian of	of	
	(print student's name here)	(print school's name here)
appeal of the UIL Waiver Office	iversity Interscholastic League Wastr regarding his/her athletic eligibilens and I understand and agree that review.	ity. I have read and agree to the
Parent/Guardian (Print Name)	Parent/Guardian	(Print Name)
Email Address	Email Address	
Parent/Guardian (Signature)	Parent/Guardian	(Signature)
Date	Date	
Phone Number	Phone Number	
FOR OFFICE USE ONLY		
Waiver Review Board Hearing Dat	e:	
	In Favor	Opposed