

THE UNIVERSITY INTERSCHOLASTIC LEAGUE
Request For District Executive Committee Verification Of
VARSITY ATHLETIC ELIGIBILITY FOR OVER-AGE STUDENT FOR THE SCHOOL YEAR _____

SECTION I: STUDENT RECORD INFORMATION (Type or Print)

This form is required for varsity athletics only.

Student's Name: _____ Date of Birth: _____ Male Female
 Current Year in School: 9 10 11 12 Parent/Guardian's Name: _____
 Home Phone: _____ Mailing Address: _____
 _____ City Zip
 School City and Name: _____ School ISD: _____
 School Principal's Name: _____ School Phone: _____
 Superintendent's Name: _____ Administration Phone: _____
 Superintendent's Email Address: _____
 District Chair's Name: _____ Phone Number: _____
 District Chair's School or ISD: _____ District Chair's Email Address: _____

SECTION II: ELIGIBILITY VERIFICATION

Date student first entered the ninth grade: _____

Did the student initially enroll in the 9th grade more than four calendar years ago? Yes No

IF YES TO THE QUESTION ABOVE, THE STUDENT IS NOT ELIGIBLE UNLESS A WAIVER OF FOUR YEAR RULE HAS BEEN GRANTED.

Is the student currently enrolled in Special Education? Yes No

Is the student currently identified as a 504 student by a 504 committee? Yes No

Has the student already participated in one extra year under the over-age exception? Yes No

Does the student meet all other eligibility requirements of the UIL and rules of the State Board of Education? Yes No

What school year did the student initially enroll in Special Education or 504? _____

NOTE: Student is not eligible for waiver unless he/she was identified and served as Special Education/504 prior to the end of their second year of high school.

SECTION III: INSTRUCTIONS FOR REVIEWING & SUBMITTING DOCUMENTATION

The superintendent of schools verifies that a properly constituted 504 Committee and/or ARD Committee has made the required determinations and that parental consent has been obtained for the disclosure of this form and the attached documents to the UIL.

Attach the following documents **and** indicate with a check mark [✓] the documents you are attaching:

Current accommodation plan and/or I.E.P.

504 Committee and/or ARD Committee notes/reports on initial eligibility and placement;

Current 504 accommodation plan or report of Committee meeting where student was dismissed from 504;

Documentation substantiating the physical or mental impairment;

Documentation supporting the finding of substantial limitation.

Questions regarding this waiver should be addressed to the Waiver Officer, Nakita Guillory, at (512) 471-5883.

Once completed by the District Executive Committee chair, all documentation should be mailed to:

Waiver Officer
 University Interscholastic League
 P.O. Box 8028
 Austin, TX 78713-8028

**SECTION IV: PARENTAL OR ADULT CONSENT FOR DISCLOSURE OF EDUCATIONAL RECORDS
TO THIRD PARTIES (20 U.S.C. #1232g(b)(2)(A), 34 C.F.R. #99.30)**

Student's Name: _____

Records to be Disclosed: _____

Purpose for Disclosure: _____

Records will be disclosed to the University Interscholastic League, school superintendent and the District Executive Committee.

NOTE: T.E.A. requires an ARD Committee's decision not be based on deficiencies identified as directly attributable to a different culture, lifestyle, environment, or lack of educational opportunities or that the student is neither a member of a national origin minority group nor linguistically different.

By my signature below, I, _____, parent or legal guardian of the above-named student hereby give my consent to the disclosure of educational records to the above-named parties for the purposes stated above. I understand that my consent is voluntary and may be revoked at any time prior to the disclosure of such records.

Parent/Guardian printed name

Parent/Guardian signature

Date

Parent/Guardian, please check here if you would like to receive a copy of the records disclosed pursuant to this consent form.

SECTION V: SUPERINTENDENT'S STATEMENT

Please check appropriate box:

I certify that this student is currently in Special Education, and I have been provided with sufficient documentation from the ARD Committee to satisfy myself that a handicapping condition caused his/her education to be delayed for one year or more.

I certify that this student is currently a 504 student and I have been provided with sufficient documentation from a 504 Committee in my school to satisfy myself that this student has a verifiable handicap which has caused his/her education to be delayed for one year or more.

NOTE: TEA requires an ARD committee's decision not be based on deficiencies identified as directly attributable to a different culture, lifestyle, environment, or lack of educational opportunities or that the student is neither a member of a national origin minority group nor linguistically different.

By signing below, the superintendent of schools verifies that a properly constituted 504 Committee and/or ARD Committee has made the required determinations and that parental consent has been obtained for the disclosure of this form and the attached documents to the UIL. I understand this waiver is a one-time, one-year grant.

Signature of Superintendent

Date

Instructions for submission: 1. When completed and signed by the superintendent, this original verification form should be mailed to the chair of the District Executive Committee. ***The student remains ineligible for varsity athletics unless and until the District Executive Committee has verified the student's eligibility.*** 2. When completed and signed by the chair of the District Executive Committee, forward this form to the Waiver Officer of the UIL along with the additional required information as listed on the first page of this application. The UIL will keep all documentation on file.

SECTION VI: ACCEPTANCE OF DISTRICT EXECUTIVE COMMITTEE

By signing below, I verify that I've received completed certification forms, reviewed the documentation to ensure the student is currently enrolled in Special Education or 504, and now declare this student eligible for varsity competition.

Signature of District Executive Committee Chair

Date

Instructions for submission: When signed by the chair of the District Executive Committee, return a copy of this verification form to the Superintendent who submitted it. Retain a copy.

NOTE: If the District Executive Committee has concerns about this request for eligibility, the chair should include a note outlining those concerns with the copy mailed to the UIL office.