



Office of Intercollegiate Athletics
STUDENT-ATHLETE INFORMATION FORM
Academic Year 2007 - 2008



YOU MUST FILL FORM OUT COMPLETELY

Please provide the following information and answer the questions on the back. Withholding information or falsely answering any question is a violation of the Code of Student Conduct and will result in permanent suspension from all athletic teams at SUNY Canton.

STUDENT INFORMATION (if you live off campus, fill in your address under campus address)

Full Name		SS # or Campus ID #	Campus Add.	DOB
Campus Phone / Cell Phone		# of Sem. Completed	Major / Minor	
Sport	Returner	Position		Hgt.
	Y N			

HIGH SCHOOL INFORMATION

High School		City	State	Mo. / Yr. Grad.
# Years Played	Position / s		Other Sports Played	
Athletic Honors / Awards:				

HOMETOWN / FAMILY INFORMATION

Complete Home Mailing Address				
Street Address:			Apt.:	
City:		State:		Zip:
Home Phone Number	Hometown Newspaper	Parents Names		
Brothers & Sisters Names				

Please answer all questions on Page 2

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Page 2

PLEASE ANSWER THE FOLLOWING QUESTIONS

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1. Have you ever attended another college full or part-time? Yes No

If Yes: College: _____
Dates attended: _____
Please Circle: Full Time Part Time

2. Have you ever officially withdrawn or unofficially withdrawn from a college? Yes No

If Yes: College: _____
Date of Withdrawal: _____
College: _____
Date of Withdrawal: _____

3. Have you ever started a semester full time but dropped to part time during the semester? Yes No

4. Have you ever dressed for or played in any portion of any intercollegiate contest for any sport for another college? Yes No

If Yes: College: _____
Sport: _____

5. Have you ever dressed for or played in any portion of any game for SUNY Canton? Yes No
Sport: _____ Year: _____
Sport: _____ Year: _____

6. Have you ever been a member of any semi-pro or professional team? Yes No

7. Have you ever received money for playing a sport at any level? Yes No

AFFIDAVIT

I fully understand the above questions and have answered all questions truthfully.

Signature: _____ Date: _____