



USA CYCLING COLLEGIATE NATIONAL CHAMPIONSHIP ELIGIBILITY VERIFICATION FORM

A. SCHOOL NAME: _____

B. COLLEGIATE NATIONAL CHAMPIONSHIP (please circle one): Cyclo-cross BMX Road Track Mountain Bike

C. DATE(S) OF NATIONAL CHAMPIONSHIP: _____

D. FOR THE REGISTRAR:

1. **Strike through any blank spaces below** and ensure that all students listed below have signed next to their names.
2. Strike through any student names that are not full-time students in good standing financially, academically, and disciplinarily, as defined by the athlete's collegiate institution either:
 - a. On the date of the national championship, or
 - b. During the academic term that immediately precedes it (or in the case of track, precedes (summer session) OR succeeds it), or
 - c. During the majority of events during the conference season for that discipline (email mabel@usacycling.org with questions).

3. Affix the school seal as indicated below, sign, and date.

I certify that the students listed below are full-time students in good standing as defined by this institution.

NUMBER OF NAMES LISTED BELOW: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

E. FOR THE STUDENT:

By signing below, I authorize the release of any educational records required by the school Registrar to prove good standing and also certify that I meet all applicable eligibility requirements contained in the USA Cycling Rules and will abide by the USA Cycling Code of Conduct.

	STUDENT NAME, TYPED OR PRINTED	STUDENT SIGNATURE
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AFFIX
SCHOOL'S OFFICIAL SEAL
HERE

F. FOR THE TEAM LEADER (CLUB PRESIDENT, TEAM CAPTAIN, COACH, OR FACULTY ADVISOR):

I certify that the riders listed above are in good standing on the collegiate institution's cycling team and meet all eligibility requirements contained in the USA Cycling Rules as of the date of the relevant national championship and that the team will abide by the USA Cycling Code of Conduct.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____