

MACSAC Waiver Request for Student Transfer

Submit to MACSAC Director

Athlete Full Name: _____

Date of Request: _____

School Departing From: _____

Reason for Leaving: _____

School Enrolling In: _____

Reason for Enrolling: _____

To the best of my knowledge the above written explanations of departure and enrollment are accurately described.

Receiving School Administrator's Signature: _____

Date: _____

Upon completion, this document should be forwarded to the MACSAC president by the receiving school administrator or athletic director.