

Oregon School Activities Association 25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070

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Student Intent to Transfer Certificate

NOTE: This form, or its substantial equivalent, must be completed and a copy maintained at the receiving school for inspection at the request of the OSAA prior to the student's affiliation with the school to which the student is transferring. See Rule 8.6.5, "Transfers to a school with affiliation" outlined on the back of this document.

Name of Student	Birth Date	/ Month /	/ Day /	Year
Name of Parents and Address of Joint Residence			Day /	
School Currently Attending	City			
School to Which Transferring	City			
Intended Transfer Date				
CERTIFICATION BY PARENT AND STU Under penalty of perjury, I affirm that no coach, parent, administrator, teacher initiated contact or offered any inducements for the purpose of having the s participation. I also affirm that there has been no prior affiliation with the school	or other repres tudent attend t	he current s	chool for	r athletic
Parent Signature		Date		
Student Signature		Date		
CERTIFICATION BY ADMINISTRATOR OF SCHOOL CU I affirm that I am aware of the above student's intent to transfer and the specif			ove.	
Signature		Date		
CERTIFICATION BY ADMINISTRATOR OF SCHOOL TO I affirm that I am aware of the above student's intent to transfer and the specithat there has been no affiliation, as stated in OSAA Rule 8.6.5, prior to the sign	ifics of that trans	sfer stated a	bove. Ta arties ab	ilso affirm ove.
Signature	S-	Date		