|  |  |  |
| --- | --- | --- |
| **KHSAAlogotobeusedonforms** | **RECORDS REQUEST FORM – SPORTS OFFICIAL** | ***KHSAA Form OF112*** *Rev. 6/16* |

The following official has applied for an officiating license in the state of Kentucky, and has asked the KHSAA to request records from your Association detailing his/her previous officiating experience in your state. Please help us to update our records by completing the following:

|  |  |
| --- | --- |
| State: | Date of Request: |

|  |
| --- |
| Officials’ Name: |

|  |
| --- |
| Social Security Number: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Sport | Years Registered (from \_\_ to \_\_) |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| NFHS Part II Exam Score | Sport | Year Part II Last Taken |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Sport | Last Date of Rules Clinic Attended |
|  |  |
|  |  |
|  |  |

Are your rules clinics and exams based on the National Federation rules? Yes or No 

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Signature | Title |
|  |  |

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Thank you for your assistance.

Marsha Day

Assistant, KHSAA Officials’ Division