



### STUDENT TRANSFER WAIVER FORM

Date: \_\_\_\_\_

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Regulation 6145.2(30).

\_\_\_\_\_ Parish/School requests a player's waiver in the name of the following student athlete: \_\_\_\_\_, who entered the school/religious education program for the \_\_\_\_\_ school year.

**This section to be completed by the parent- - - - -**

*The transfer to the new school/religious education program was for the following reason:*

PARENT SIGNATURE:	DATE:
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My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.

**This section to be completed by parish/school personnel- - - - -**

We support this request to allow for an athletic waiver.

School/Parish Transferred From:	School/Parish Transferred To:
PASTOR:	PASTOR:
PRINCIPAL/DRE:	PRINCIPAL/DRE:
ATHLETIC DIRECTOR:	ATHLETIC DIRECTOR:
LEAGUE DIRECTOR:	LEAGUE DIRECTOR:

**This form is to be sent to:**  
Brenda White, Associate Superintendent, Archdiocese of Milwaukee, PO Box 070912, Milwaukee, WI 53207