



UNIVERSITY OF DAYTON
FOOTBALL QUESTIONNAIRE

Personal Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Home Phone: () E-mail:
Cell Phone: () Social Security No.:
Brothers/Sisters – Names, Ages, College:
Mother's Name Occupation: College:
Father's Name Occupation: College:
Living with (check one) Mother Father Both Other:

Academics

High School: _____ Graduation Year: _____
Coach's Name: _____
GPA: _____ SAT-V: _____ SAT-M: _____ ACT: _____ Class Rank: _____
Intended College Major: _____
U. of Dayton people you know: _____

Athletics

Ht: _____ Wt: _____ Jersey No.: _____ Off. Pos: _____ Def. Pos: _____
FG/XPT: _____ Punt: _____ Kickoff: _____
Punt Ret.: _____ K.O. Return: _____ Long Snap: _____ Hold: _____
Speed 40 yd: _____ 100m: _____ Bench: _____ Squat: _____
Football Team Record: _____ Senior Yr. _____ Junior Yr. _____

Other Sports:

Athletic Honors / Captains:

Recent Athletic Injuries:

Transcript Release

I hereby authorize the release of my academic transcript to the University of Dayton.

Signature: _____ Date: _____