



## Questionnaire

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP  
EMAIL \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

PARENTS OR GUARDIANS \_\_\_\_\_

### ACADEMIC INFORMATION

HIGH SCHOOL \_\_\_\_\_

NAME ADDRESS CITY STATE ZIP

SCHOOL COUNSELOR \_\_\_\_\_ SCHOOL PHONE (\_\_\_\_) \_\_\_\_\_

SAT SCORES VERBAL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_  
MATH \_\_\_\_\_ GPA \_\_\_\_\_ CLASS RANK \_\_\_\_\_

COLLEGE MAJOR OR ACADEMIC INTEREST \_\_\_\_\_

ACADEMIC HONORS \_\_\_\_\_

HIGH SCHOOL WEBSITE: \_\_\_\_\_

### ATHLETIC INFORMATION HIGH SCHOOL

HS COACH \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ POSITION PLAYED \_\_\_\_\_ POSITION PREFERRED \_\_\_\_\_

BASKETBALL AWARDS & HONORS \_\_\_\_\_

AAU TEAM \_\_\_\_\_ AAU WEBSITE \_\_\_\_\_

AAU COACH \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

INJURIES \_\_\_\_\_ HOBBIES \_\_\_\_\_

OTHER UNIVERSITIES OF INTEREST \_\_\_\_\_

HAVE YOU REGISTERED WITH THE NCAA INITIAL-ELIGIBILITY CLEARINGHOUSE: Y/N IF GAME FILM AVAILABLE PLEASE SEND  
PLEASE COMPLETE AND MAIL TO WOMEN'S BASKETBALL OFFICE, SACRED HEART UNIVERSITY, 5151 PARK AVENUE, FAIRFIELD, CT 06825

### TRANSCRIPT RELEASE FORM

I, \_\_\_\_\_, GIVE PERMISSION TO THE GUIDANCE OFFICE TO RELEASE MY TRANSCRIPT AND TEST SCORES TO  
SACRED HEART UNIVERSITY WOMEN'S BASKETBALL OFFICE 5151 PARK AVENUE FAIRFIELD, CT 06825 OR VIA FAX: 203.396.8188

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_