



HOCKEY

OhioStateBuckeyes.com

STUDENT-ATHLETE PROFILE

Name _____
Last First Middle

Birth Date _____

Home Address _____
Street

City State/Province Zip

Current Address _____
Street

City State/Province Zip

Contact Info _____
E-mail Home # Cell #

Father _____
Name Occupation Cell #

Mother _____
Name Occupation Cell #

Parents or Siblings that have attended Ohio State _____

ATHLETIC INFO

Current Team _____ **Position** _____ **Shot/ Catch** _____

Height _____ **Weight** _____

Current Coach _____
Name E-mail Cell #

ACADEMIC INFORMATION

High School _____

Address _____
Street Phone #

City State/Province Zip

Guidance Counselor _____
Name Phone #

Collegiate interests of study _____

Clearinghouse ID _____ **Graduation Date** _____ **GPA** _____

Class Rank _____ **SAT Score** _____ **ACT Score** _____

PLEASE RETURN TO:
Ohio State Hockey
Jerome Schottenstein Center, 555 Borror Drive, Columbus, OH 43210-1166

FOR INFORMATION CONTACT:
Office (614) 292-0820 Fax (614) 688-5857 E-mail: menshockey@osu.edu