

# Washington College Sports Information Biographical Update for Student-Athletes

Today's Date \_\_\_\_\_

Full Name	_____
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## Roster Information

Preferred Name (as it should appear in programs, on web, etc.) \_\_\_\_\_

Washington Coll. Sport(s) \_\_\_\_\_ Position(s)/Event(s) \_\_\_\_\_

Class (Fr, So, Jr, Sr) \_\_\_\_\_ Height \_\_\_\_\_ Weight (Men) \_\_\_\_\_

WC Varsity Letters Won (Please list by sport) \_\_\_\_\_

\_\_\_\_\_

## Address Information

Campus/Local Address (include City, state, zip) \_\_\_\_\_

\_\_\_\_\_

Campus/Local Phone Number \_\_\_\_\_

Update Any Changes in Home Address/Phone Number Since Last Sports Season

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information

Update Any Changes Since Last Sports Season (change of address, divorce, etc.)

\_\_\_\_\_

\_\_\_\_\_

## Washington College Information

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Planned Career \_\_\_\_\_ Fraternity/Sorority \_\_\_\_\_

Additional Extracurricular/Co-Corricular/Leadership Activities Since Last Sports Season

\_\_\_\_\_

\_\_\_\_\_

## Other Important Information

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Sports Information Department to use all of the information listed above and any other present and future information about me as a student (including G.P.A.'s, both semester and cumulative, exceeding 3.0) and athlete at Washington College, as well as any photos taken by or for the athletic department, for sports publicity and information purposes. Addresses and phone numbers will be kept confidential. I grant this authorization as a waiver to my rights under the Education Amendment of 1972 to restrict the release of information to persons outside of the College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: **Phil Ticknor, Sports Information Director; Washington College;  
300 Washington Ave.; Chestertown, MD 21620**