

Western Nevada College
Department of Intercollegiate Athletics
Student -Athlete Biography

Name _____

Address _____ City/State/Zip _____

Home Phone Number _____ Email _____

Parents names: _____
Mother Father

Addresses if different from the one noted above:

Team _____ Position _____

High School _____ Graduation Year _____

High school athletic honors:

Other high school honors and activities:

Community activities:

I authorize Western Nevada College to use the above information, photographs and/or interview comments for media relations activities related to the intercollegiate athletic program or college recruitment.

Signature

Date