Women's Collegiate Lacrosse Organization (WCLO)
Student Athlete Eligibility Verification Form – For Spring 2027 Season
DUE to WCLO: 1 week prior to teams first game or by February 15th, 2027 (whichever occurs first).

Directions: The Head Coach or President of each WCLO team shall complete the entire form, obtain each student-athlete's signature, and submit the form for the verification, signature, and seal or stamp of the Office of the Registrar for their Institution. All players in a program who meet WCLO Student-Athlete eligibility requirements should be included on this roster regardless of intra-squad division into A, B and/or C teams for local play purposes.

Student Athletes: By signing this form you are authorizing the release of your Educational Records to the WCLO, its member conferences and officers for use by said persons and organizations for the express purpose of verifying your eligibility and academic standing now and AT ANY TIME DURING THE WCLO SEASON OR PLAYOFFS.

No student athlete who fails to appear on an Eligibility Verification Form or fails certification by the school registrar shall be allowed to participate in a WCLO contest. FORM MUST BE COMPLETED ENTIRELY. Team President and Head Coach MUST review the WCLO Operating Procedures & Bylaws in advance of the regular season to ensure compliance with the WCLO Eligibility Rules.

Form MUST be certified for the semester/quarter that begins regular season (not in advance).

SCHOOL: _____

League: (Circle one) MAWLL NCWLL NEWLL WCLL INDEPENDENT

INFORMATION TO BE TYPED FOR LEGIBILITY (EXCEPT SIGNATURE)
DO NOT HAND WRITE PLAYERS INFO UNLESS A CORRECTION BY REGISTRAR
STRIKE THROUGH ALL UNUSED CELLS BEFORE TURNING IN TO REGISTRAR FOR VERIFICATION.

Official Team Roster							
Last Name	First Name	Middle Initial	Student I.D. Number	# of Years **College** Lacrosse Previously Played (0-3)	Academic Year (Fr / So / Jr / Sr/ Grad)	Receiving Lacrosse Scholarship (Yes or No)	Signature of Each Student- Athlete
XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXX **(Strike through unused lines)**			XXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX

Form continued on page 2. Use additional forms if necessary.

Last Name	First Name	Middle Initial	Student I.D. Number	# of Years **College** Lacrosse Previously Played (0-3)	Academic Year (Fr / So / Jr / Sr/ Grad)	Receiving Lacrosse Scholarship (Yes or No)	Signature of Each Student-Athlete

Graduating Player Exception Declaration

Player Exception Declaration – Players must be enrolled as an undergraduate or graduate student at the college, university, or similar institution with which her team is affiliated. Each player must be a full-time student at her university and be in good standing as defined by each institution. An exception is allowed for a player in her final term prior to graduation so that a player with eligibility remaining may participate in organized practice sessions and play with her team while enrolled in less than a minimum full-time program of studies, provided the student is: (i) Enrolled in the term and (ii) She is taking the credits necessary for graduation. For players listed on the OFFICIAL TEAM ROSTER who meet this exception criteria, please declare them in the fields listed below.

Player Name/#: _____ /____ Year: _____ Anticipated Graduation Date: _____

Player Name/#: _____ /____ Year: _____ Anticipated Graduation Date: _____

Player Name/#: _____ /____ Year: _____ Anticipated Graduation Date: _____

Head Coach / Player Representative Signature

- NOTE: Playing an ineligible player, or a player not listed on this Verification Form, in any WCLO contest may result in a forfeit.
- Players NOT listed on the above roster as of Feb 15th are NOT eligible for the WCLO National Tournament.
- You are encouraged to email the WCLO Eligibility Chair with your questions about a player's eligibility. Appeals for hardship or special circumstances must be sent to the WCLO Eligibility Chair prior to Feb 15th for review by the WCLO Leadership. *Questionable players should not participate in official games until approved.*
- Please read the mailing, deadline and hardship information on page 4 of this form prior to signing.

Head Coach / Player Representative Certification: I certify that I have examined the current WCLO rules of player eligibility within the WCLO Operating Procedures, and all listed players listed above are eligible. I understand that failure to comply with these eligibility rules may result in game forfeits.

Signature: _____ Date: _____

Registrar's Office Instructions

- **Please certify this form with the official stamp/seal of the Registrar in the box below (if no stamp/ seal exists, include acknowledgement on official letterhead of Registrar's Office).**
- **Digital or electronic stamp/seal accepted, if registrar provides notation below to accept as an official stamp/seal.**
- Please do not certify this document if there are rows on this form that are not filled or struck-through.
- For players not meeting the definition of a full-time student according to your university's definition of full time, please indicate this by crossing the name of the player out and making a notation in the margin next to their name.

Registration Certification: I verify that the Student-Athletes listed are current Full-Time students according to the Records of the Office of the Registrar of this Institution.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

Phone: _____ Email: _____

Academic quarter/ semester for which this certification applies: _____

Please place official Registrar seal or stamp within this box.

***for digital stamp/seals, please be sure to have the Registrar's Office note this is accepted as the schools official stamp/seal.**

MAILING AND DEADLINE INFORMATION

Each team is responsible for getting the original form to Kim – WCLO Eligibility Chair by February 15th or 1 week prior to their first game.

Please upload your verification form via your team page on the WCLO website. Log in to your team page, in the box labeled WCLO WEBSITE MANAGEMENT, you will see the link for the upload.

OR

Email a scanned copy to Kim at webmaster@wclo.us and keep the hard copy with your team.

HARDSHIP REQUEST INFORMATION

The WCLO Eligibility Chair and your League President must receive requests for Hardship Waivers no later than February 15th to be eligible for nationals. Athletes in question should not participate in any official WCLO games until approval is received. Game participation prior to approval could result in forfeits. The Eligibility Chair will require proof and possibly documentation for the waiver to be considered. Please see the Committee Page on the WCLO website for contact information for the WCLO Eligibility Chair.