BIG SKY MEDICAL ABSENCE WAIVER REQUEST

Student-Athlete	Sport	Why Relief Is Needed	Specific Relief Requested	Justification for Granting Relief *(medical hardships, cited case precedent, academic history)*
	Select			

REQUIRED ATTACHMENTS

☐ Letters from doctors, therapists, etc.
☐ Personal statement
☐ HIPPA Form
☐ Copy of withdrawal
☐ Official transcript
☐ Buckley Amendment

CERTIFICATION OF VALIDITY

I affirm that the information and documentation contained within this petition concerning the specified student-athlete and his/her athletics participation and medical history, is correct to the best of my knowledge. I understand that the information contained within the petition will be reviewed by the Big Sky Conference and may be reviewed by the NCAA.

Name: _____ Title: _____ Date: _____

Please submit request to Jaynee Nadolski at *jnadolski@bigskyconference.org*.
All waiver requests must be submitted via PDF.