



Liberty University

Danny Rocco, Head Football Coach

PERSONAL

E-mail Address: _____

Name _____ SS# _____
Last First Middle Name Called By
Address _____ DOB: _____
Street City State Zip
Home # _____ Cell # _____ Text Available YES / NO

Mother's Name: _____ College Attended: _____
Occupation _____ Cell Phone: () _____
Father's Name: _____ College Attended: _____
Occupation _____ Cell Phone: () _____

I live with: Both Parents / Father / Mother / Other : _____

Person(s) involved with your decision: _____

Church Affiliation: _____

ACADEMIC

High School: _____ Athletic Phone : _____

High School Address: _____
Street City State Zip

Coach's Name: _____ Coach's E-mail: _____

Coach's Cell #: _____ Intended Major: _____

ACT/SAT: _____ CORE GPA: _____ High School Graduation Date: _____

Student Activities (Class Organizations): _____

Names of Students, Friends, Relatives or Alumni who have attended Liberty University: _____

FOOTBALL

Position Played (Offense): _____ (Defense): _____ Jersey #: _____

Specialties: _____ Preferred Position: _____

Height: _____ Weight: _____ Bench: _____ Clean/Squat: _____ 40 Time: _____

Injuries: _____

Letters Won: _____

Honors in all Sports: _____

I give Liberty University permission to view and possess my high school transcript and test scores.

Student-Athlete Signature

Parent/Gaurdian's Signature (If S-A is under 18)