

# Athlete Transfer Request

**Special Olympics**  
Texas



Last Name	First Name
Original Delegation	
New Delegation	
Check one: <input type="radio"/> Temporary Transfer <input type="radio"/> Permanent Transfer	If temporary, what sport?
Reason for transfer request	

I, (*print athlete name*) \_\_\_\_\_, request permission to transfer delegations. This transfer will not be permitted unless this form is completed, signed by all required persons and approved by the area/program director. It is the athlete/guardian's responsibility to get the signatures of both the old and the new coaches. The area office will not accept partially completed forms and the athlete cannot play for the new delegation until this form is completed. If the athlete competes with the new delegation before this form is complete or without prior approval from the area office, the athlete will be declared ineligible.

Athlete Signature	Date
Parent/Guardian Signature (if under 18)	Date

Original Coach Printed Name	
Signature	Date

New Coach Printed Name	
Signature	Date

Area/Program Director Printed Name	
Signature	Date

**Transfer request refused. Reason for refusal:**