

**MURRAY STATE UNIVERSITY
ATHLETICS DISASSOCIATION FORM**



STUDENT-ATHLETE DRIVEN:

I, _____

Social Security # _____

no longer desire to participate in the sport of: _____

I understand that by not participating, I have not met my contractual obligations of my scholarship to Murray State University according to NCAA Bylaw 15.3.4.1, and thereby release my athletics grant-in-aid.

By signing below, I affirm that I have not been pressured or in any way, coerced either physically or emotionally to release my scholarship. I further state by my signature that I have discussed this decision with my parent(s) or legal guardian(s).

Student-Athlete Signature

Date

Head Coach Signature

Date

COACH DRIVEN:

I hereby certify that the student-athlete named below has been cut/asked to disassociate from the team as of the date listed. I understand that I cannot reallocate scholarship dollars outside of what is permissible under NCAA Bylaw 15.3.4.1.

Student-Athlete Name

Social Security #

Date of Disassociation

Reason (cut, personal, etc)

Student-Athlete Signature (signature acknowledges understanding
of disassociation and does not equate to an agreement with the reason)

Date

Signature of Coach

Date

cc: Director of Athletics
Assistant Athletics Director/Academics
Assistant Athletics Director/Compliance