



Cornell University

**OFFICE OF THE UNIVERSITY REGISTRAR**  
**CLUB SPORTS VERIFICATION REQUEST**

**Club Sport:**

**Submission Deadline:**  
**(7-10 business day minimum)**

**Person submitting request**

**First Name:**

**Last Name:**

**Email:**

**Submit form to**

**First Name:**

**Last Name:**

**Email:**

**Organization Name:**

**Mailing Address:**