



College/University Staff Member Authorization Form

COLLEGE or UNIVERSITY STAFF MEMBER: (College Contact/ Coach)

_____ is currently enrolled in _____.
Name of Student Full Name of College or University

I _____ verify that the student meets the Collegiate Membership Eligibility as noted on this American Stock Horse membership application.

Signature: _____ Title: _____ Date: _____

Phone: _____ Email: _____