

Virginia Tech Athletics Department
IN-PERSON, OFF-CAMPUS EVALUATION SUMMARY

FOOTBALL

COACH: _____ DATE(S): _____

SCHOOL VISTED OR TARGET TEAM OR NAME OF EVENT	DATE	TIME	CITY, STATE WHERE EVALUATION OCCURRED	EVAL TYPE			TARGET TEAM'S OPPONENT <i>(if evaluated during competition)</i>	TARGET PROSPECTS
				ACADEMIC	Athletic Observation			
					PAC	COMP		

This is a complete record of all in-person, off-campus EVALUATIONS made by me during the date(s) indicated. Further, I affirm that I have complied with all NCAA, ACC and Virginia Tech regulations and standards during the activities listed above, and I understand that it is my responsibility and the responsibility of the football staff to maintain an accurate record of all contacts and evaluations for all prospects and their high school teams. I also assume the responsibility of forwarding this original to the Compliance Office and keeping a copy for my records.

Give Original to Compliance Office and Keep a COPY for your Records

COACH'S SIGNATURE

DATE