ATHLETICS DEPARTMENT
REQUEST FOR REVIEW

Date: ___________________________ School: ________________________________

Name: _______________________________ (Please Print)

Affiliation in regards to Athletics: (please check):

- Parent
- Student
- HCPS Employee
- Other (please list) ______________

Area of Concern:

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Suggestions (Please be specific):

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Your comments will be addressed in the annual review of the “Athletics Guidebook of Procedures”. This book may be viewed at http://athletics.mysdhe.org. Please see the navigation toolbar on the left hand side of the webpage. Please do not use this form if you require immediate assistance or need to speak directly to someone in the Athletics Department or specific school.