



**Hillsborough County**  
PUBLIC SCHOOLS  
*Excellence in Education*

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions (Please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your comments will be addressed in the annual review of the “Athletics Guidebook of Procedures”. This book may be viewed at <http://athletics.mysdhc.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.