



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.