



**STUDENT ATHLETE CLEARANCE FORM**

**(To be completed in Triplicate)**

**NAME OF THE ATHLETE:** .....

**ADM NO:** .....**SPORT discipline:**.....**Cohort:**.....

**The athlete to clear in the following departments:**

**A. HEAD COACH**

Officer in Charge..... Cleared/Not cleared .....

Items not returned:

.....

Signature.....Date .....

**B. GAMES STORE**

Officer in Charge..... Cleared/Not cleared .....

Items not returned:

.....

Signature.....Date .....

**C. RESOURCE CENTRE**

Officer in Charge..... Cleared/Not cleared .....

Items not returned:

.....

Signature ..... Date .....

**D. ACCOMMODATION**

Officer in Charge..... Cleared/Not cleared .....

Items not returned:

.....

Signature ..... Date.....

**E. FINANCE/ACCOUNTS**

Officer in Charge .....Cleared/Not cleared.....

Signature ..... Date .....

Fees / Other Payments not made  
.....

**F. DIRECTORATE OF CORPORATE SERVICES**

Officer in Charge .....Cleared/Not cleared.....

Signature ..... Date.....

**G. DIRECTORATE OF TALENT**

Officer in Charge.....

Signature..... Date .....

Comments.....

**NOTE:** The clearance forms to be distributed as follows:

1. Original copy to be kept by the student athlete.
2. A copy to be submitted to the Accommodation Department.
3. A copy to be retained at the Directorate of Talent Office.