



INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION

Reciprocal License Application

Name _____

Current Address _____

City _____ County _____ State _____ Zip _____

DOB _____ Drivers License # _____ Social Security # _____ Sex* _____ Ethnicity* _____
You must provide your Social Security Number; however, it shall be used solely for the purpose of making the process for conducting any investigation and search more accurate.

Occupation _____ City _____ State _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Pager (____) _____ FAX (____) _____ E-Mail _____

High School from which you graduated _____ College(s) attended _____ Grad. Yr. _____

Licensing State _____ Contact Name _____ Contact Information _____

Please indicate the sport/s for which Reciprocal licensure is sought. **Note – Your home state athletic association must use the NFHS exam to license officials to gain a favorable response on this request.**

Baseball _____ Football _____ Softball _____ Swimming _____ Volleyball _____

Basketball _____ Gymnastics _____ Soccer _____ Track/CC _____ Wrestling _____

****Please attach a copy of your current license card from your home state with this application. You should also have the home state office send a note to jmeyer@ih saa.org indicting that you are an official in good standing with that state**

Conviction Status

Required -- your application will not be processed without this information.

Check the appropriate response:

Have you ever been indicted or convicted of a felony, a crime of violence, any crime against an individual or fraud?

_____ No.

_____ Yes. Please explain the situation in full detail below. Include the nature and date of indict or conviction, dates and time served, probation/parole requirements and dates of probation/parole. Attach a separate sheet if necessary.

Character references: **Must list three** individuals, preferably in the field of education (secondary schools), officials or personal references.

1. Name _____ Address _____ Phone (____) _____
School or Employer _____ Position _____
2. Name _____ Address _____ Phone (____) _____
School or Employer _____ Position _____
3. Name _____ Address _____ Phone (____) _____
School or Employer _____ Position _____

I understand that licensure by the IHSAA is a privilege and not a right and that approval of applications for and renewal of licensure is at the discretion of the IHSAA; cooperate with the IHSAA and its member schools in accordance with the policies, purposes and rules of the IHSAA; honor all officiating contracts involving IHSAA members; fully and accurately provide all requested reports and information reasonably requested by the IHSAA; and to attend conferences and clinics held by or for the IHSAA for officials in my district.

Signature _____ Date _____

Authorization to Obtain Criminal Records (Mandatory)

I understand that in connection with my Officials License Application, and thereafter, as a condition of licensure, the Indiana High School Athletic Association, Inc. (IHSAA) (and its successors, assigns, and/or agents), in its sole discretion, may from time to time procure or have prepared a criminal report about me.

I consent to and authorize the IHSAA to obtain such information about me, which may include a review of sex registries, crimes against children and other criminal history records. I hereby release the IHSAA and its officers, directors, agents, successors and assigns, from any legal liability in any way related to or arising from the provision or utilization of such information and records.

I authorize all law enforcement agencies to release any criminal records or information to the IHSAA, and to any investigator or agent hired by it, without restriction or qualification to the extent permitted under federal and state law. I agree that a photocopy or fax of this Authorization shall be valid as the original.

Signature _____ Date _____

NOTICE: An adverse licensure decision may be based in whole or in part on information contained in a report from an information service company, and under Section 612 of the Fair Credit Reporting Act, you have the right to obtain a free copy of such report if you submit a written request to the information services company no later than 60 days after you receive an adverse notice. Under Section 611 of that Act, you also have the right to dispute with the information service company the accuracy or completeness of any information contained in a report.

*******THE RECIPROCITY FEE IS \$45.00*******

Send this completed document along with the fee and the requested attachment to:

**Joanna Meyer
Officials' Department
IHSAA
9150 North Meridian Street
Post Office Box 40650
Indianapolis, Indiana 46240**