



SEADO Enterprises, Inc.
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SEADO Enterprises

“A Sports and Information Referral Service”

“The McNabb Challenge Pro Style Clinic/Player Assessment Skills Session (PASS) Mini Camp” Application for Transcripts

To insure the most current and accurate academic information SEADO Enterprises request and require information for college coaches to review.

Please print all information

Athlete:

First Name: _____ Last Name: _____

Current High School: _____ Graduation Year: _____

School Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

PARENT /GUARDIAN RELEASE OF INFORMATION

Please read all information carefully and completely, be aware that your signing of this waiver as athlete or parent/guardian will give SEADO Enterprises the authorization to release the information of your transcripts to be used only on SEADO Enterprises website and or college coaches or recruiters information packages.

Note: Your social security number will not be posted on the website

Signature of Athlete or Parent/Guardian Required

Student Athlete: _____ Date: _____

Parent/Guardian: _____ Date: _____