



WABDL Collegiate Record Certification Form

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

WT. CLASS _____ BIRTH DATE _____

EMAIL _____

COLLEGE or UNIVERSITY _____

YEAR IN SCHOOL _____ MAJOR _____

NAME OF MEET _____ DATE _____

BENCH PRESS (IN POUNDS AND KILOS) _____

DEADLIFT (IN POUNDS AND KILOS) _____

Email proof of enrollment to Dr. John Hudson at HudsonJ@uhd.edu. If you cannot email proof of enrollment, have a school official verify your enrollment by completing the box below and mailing to:

***Dr. John Hudson
Department of English
University of Houston-Downtown
One Main Street—Suite 1045-S
Houston, Texas 77002***

Enrollment Verification: Have an appropriate official of your school sign below to verify that you are enrolled at least half time for the spring semester of 2009

Declaration: I certify that the above named lifter is enrolled at least half-time for the fall semester of 2008 at the school named above.

Name of School Official _____

Title of School Official _____

Email Address of Official _____ Phone _____

Signature of Official _____

Date _____