

INDIVIDUAL VERIFICATION REQUEST FORM

Please legibly print all requested information. Some meets require that this form be submitted prior to the swim. Check in advance to determine which procedures are in effect for this competition. Turn in completed form to Verification officer or the designated person or location. Data entry for proof of times subject to verification that competition was conducted in conformance with all applicable USA Swimming Rules & Regulations.

Swimmer Name: _____ F M ID# _____
Last First MI

Club Code: _____ LSC: _____ Date of Birth: _____

Name of Meet: _____ First Day of Meet: _____ City: _____

Event #	Distance/Stroke (i.e-100 Freestyle)	Course (SCY, SCM, LCM)	Time	Flag (See Below)	Session (See Below)

Relay Member Names (Last, First)	Age	Confirm proof to:	Email address:
1		Name:	
2		Address:	
3		City, State, Zip:	
4		Phone:	FAX:

Session: Prelims, Finals, Time Trials, Lead-off, Swim-off **Flag:** N = National; O = US Open; R = Reportable Time

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