

Dear Sir or Madam:

This letter is to inform you of the waiver appeal process regarding the University Interscholastic League Waiver Officer's decision as it pertains to the eligibility of your son/daughter.

In order for this application to be considered complete and to formally place this case on the agenda for the Waiver Review Board you must complete, sign, and return the "Waiver Appeal Request" form included in this packet (page 3) along with any additional documentation that was not presented with the initial waiver application.

When the UIL has received a completed appeal request, we will contact you acknowledging receipt of the appeal request. We will place this case on the agenda of the Waiver Review Board and notify you of the date and time. Per Section 31 of the *UIL Constitution & Contest Rules*, the Waiver Review Board consists of twelve persons; six who are appointed by the chair of the UIL Legislative Council and six who are elected by their peers. In cases involving appeals, the Waiver Review Board may sit in panels of three voting members.

During the Waiver Review Board meeting your case will be allotted 25 minutes. During the allotted time, the Waiver Review Board will hear testimony from:

- The UIL Waiver Officer
- The parent(s)/student requesting the appeal
- A representative of the school
- Any legal counsel the parents wish to have in attendance
- Other witnesses requested by the appellant

Section 468 of the *UIL Constitution and Contest Rules* outlines the decision review process in an appeal of a waiver application. If the board or the hearing officer finds that the circumstances that caused the student to be ineligible were caused by involuntary and/or unavoidable action such that the student could not reasonably be expected to comply with the rule, and (in the case of a waiver of the four-year rule) if those same circumstances caused the student to miss an entire season's participation in an activity, the waiver shall be granted.

All evidence and documentation that is available should be presented to the Waiver Review Board. The decision of the Waiver Review Board in this matter will be based on the total record of this case including previous and current documentation. **The Waiver Review Board's decision on an appeal will be final and is not subject to further UIL review.**

The "Waiver Appeal Request" document, provided in this packet, will serve as the formal appeal motion at the end of the hearing. Following the presentation of evidence and summary statements from those present, the Chair of the Board will proceed with the decision-making process. Each committee member will vote "In favor" or "Opposed" to the requested appeal. If a majority of the members vote "In favor" of the appeal, the ruling of the UIL Waiver Officer will be overturned and the waiver granted. If a majority of the members vote "Opposed", the ruling of the UIL Waiver Officer will be upheld and the waiver denied.

Send the completed "Waiver Appeal Request" to Waiver Department, University Interscholastic League, P.O. Box 8028, Austin, TX 78713-8028 accompanied by the \$200.00 filing fee (unless fee is waived due to the student's indigent status). Payment will only be accepted in the form of a money order, cashier's check, or school check. Payments should be made out to The University of Texas/UIL. Personal checks will not be accepted.

Should you have questions or require additional information or assistance, please contact the UIL Office at (512) 471-5883.

Sincerely,

Nakita Guillory
Waiver Officer

Waiver Appeal Request

The parent(s)/guardian of _____ request that the University
(print student's name here)

Interscholastic League Waiver Review Board overturn the decision of the UIL Waiver Officer regarding his/her athletic eligibility. I have read and agree to the above appeal terms and conditions and I understand and agree that the appeal decision will be final and is not subject to further UIL review.

Parent/Guardian (Print Name)

Parent/Guardian (Print Name)

Email Address

Email Address

Parent/Guardian (Signature)

Parent/Guardian (Signature)

Date

Date

Phone Number

Phone Number

FOR OFFICE USE ONLY

Waiver Review Board Hearing Date: _____

_____ In Favor

_____ Opposed