

VERIFICATION REQUEST FORM

Please print legibly all of the requested information and return to the Verification officer present at the meet, or to the designated person or location. Requests submitted after the meet may be subject to an administrative fee.
Attention Meet Host: If Verification officer not present, please send this form to an LSC Verification officer immediately following completion of the competition.

Meet Dates: _____ Name of Meet: _____ Course: SCY LCM SCM
 Times Requested by _____ Team Code: _____ LSC Code: _____ Phone: _____
 Mail verification to: Name: _____ **OR** Fax Number: _____
 Address: _____ Email: _____
 City, State, Zip: _____

For Individual Events:

NAME (Last, First, MI)	USA Swimming ID Number (must be complete)	Gend . (F/M)	Event (Dist/Stroke)	Time	Session (See below)	Date of Swim	Flag (See below)

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

For Relay Teams:

Relay Event	Flag	Names	Ages
		1	
Time	Session	2	
		3	
		4	

Relay Event	Flag	Names	Ages
		1.	
Time	Session	2.	
		3.	
		4.	

Issuance of proof of times subject to verification that competition was conducted in conformance with all applicable USA Swimming Rules & Regulations.