



# COLORADO | TEAM USA IN-STATE TUITION ATHLETE VERIFICATION FORM University of Colorado, Colorado Springs

## ABOUT

Signed in April 2017, House Bill 17-1081 allows state-supported institutions to offer in-state tuition to Team USA athletes who train in Colorado, regardless of permanent residency. To be eligible, athletes must participate in a Colorado-based elite-level training program that is approved by both the United States Olympic & Paralympic Committee and a National Governing Body of an Olympic, Paralympic, Pan American or Parapan American sport.

## 1. STUDENT INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Email

\_\_\_\_\_  
Student ID and Semester

By typing my name below, I understand and agree to the following conditions:

1. This certification must be completed prior to the first day of classes **each** semester in which I enroll, or remain enrolled, at UCCS
2. This completed form must be submitted to the Office of the Registrar by the first day of classes for each semester. Failure to submit the completed and signed form to the Office of the Registrar will result in my tuition classification status being changed to non-resident. I understand that any additional tuition and fees will be my responsibility.
3. The verification form and additional information is found at: UCCS Residency Exceptions (<https://www.colorado.edu/registrar/students/state-residency/exceptions>)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

----- At this point, email your form to your sport's NGB/HPMO for eligibility verification -----

## 2. NGB/HPMO VERIFICATION

By typing my name below, I certify \_\_\_\_\_ is a team member of this NGB/HPMO and is therefore eligible and qualified to receive Colorado In-State Tuition. I agree to notify the USOPC of any change in status that would render this athlete ineligible to receive in-state tuition. I understand and agree that my name below is my legal and binding signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
NGB/HPMO

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

## 3. FORM SUBMISSION

EMAIL THE COMPLETED FORM TO

[ACE.edu@usopc.org](mailto:ACE.edu@usopc.org)

CONTACT INFORMATION

**U.S. Olympic & Paralympic Committee**  
Alanna Flax-Clark  
Athlete Career and Education (ACE)  
Program 1 Olympic Plaza, Colorado Springs,  
CO 80909 (719) 208-6221

**FOR USOPC ADMINISTRATION ONLY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone