



**U.S. REQUEST FOR CLASSIFICATION REVIEW FORM**

Athlete family name: \_\_\_\_\_

Athlete given name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sport: \_\_\_\_\_

Current NATIONAL sport class(es): \_\_\_\_\_

INTERNATIONAL sport class(es)  YES  NO

International Sport Class(es): \_\_\_\_\_

International Sport Class status: \_\_\_\_\_

***\*\*If international sport class status is C-confirmed or R-review, no review is possible at the National level\*\****

Reason for review (pertinent medical documentation must be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual submitting request: \_\_\_\_\_

Position / title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Signature of individual submitting request: \_\_\_\_\_

*U.S. PARALYMPICS OFFICIAL USE ONLY*

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Request received on (dd/mm/yyyy): \_\_\_\_\_

Request received by (name and position): \_\_\_\_\_

Signature: \_\_\_\_\_

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Review Decision:     **ACCEPTED / DENIED**

Name of Individual making review determination: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Date: \_\_\_\_\_

If denied, rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If accepted, details for conducting the review:

Classifier 1 Name: \_\_\_\_\_

Authorization: \_\_\_\_\_

Classifier 2 Name: \_\_\_\_\_

Authorization: \_\_\_\_\_

Classifier 3 Name: \_\_\_\_\_

Authorization: \_\_\_\_\_

Competition where review to be conducted: \_\_\_\_\_

Location / Venue: \_\_\_\_\_ Date: \_\_\_\_\_