



REQUEST FOR CLASSIFICATION INFORMATION

Individuals wishing to obtain copy of their classification information are required to fill in the data below.

Organization: _____

Name of individual requesting the copies: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Name(s) + SPORT(s) of athletes whose classification information is being requested:

Date: _____

Signature: _____

Please submit request to:
U.S. Paralympics / United States Olympic Committee
One Olympic Plaza
Colorado Springs, CO 80909
Fax 719 / 866-2029
Email: patty.sturm@usoc.org