

**APPENDIX M**

**ALIGNMENT REQUEST FORM**

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

School Name: \_\_\_\_\_

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

**Moving From:**

ECIC Divisional Alignment

Federated Alignment

Independent

**Moving To:**

ECIC Divisional Alignment

Federated Alignment

Independent

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_