

PRIORITY POINT REQUEST FOR REVIEW

If you feel the number of priority points awarded according to your initial Priority Point Statement is incorrect, use this form to calculate your total earned points and mail to the Razorback Foundation for review.

Important Note – Please include any supporting documentation (receipts, bank statements, etc.) for proof. Allow 2-4 weeks for your priority points to be reviewed. An email will be sent in response to your request.



**RAZORBACK
FOUNDATION**
EST. 1979

ID Number (found on Point Statement): _____

Email: _____

Name: _____

Phone: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

<i>Annual Fund Gifts</i>	<i>Dollar Value</i> (Since 1980)	<i>Point Value</i>	<i>Points</i>
Baseball	\$ _____	1/\$100	_____
Football	\$ _____	1/\$100	_____
Men's Basketball	\$ _____	1/\$100	_____
Men's Olympic Sports	\$ _____	1/\$100	_____
Women's Olympic Sports	\$ _____	1/\$100	_____

<i>Consecutive Years of Giving</i>	<i>Consecutive Years</i> (Since 1980)	<i>Point Value</i>	<i>Points</i>
Consecutive Years of Giving to Annual Fund	_____	5/consecutive year	_____

<i>Other Gifts (please list)</i>	<i>Dollar Value</i> (Since 1980)	<i>Point Value</i>	<i>Points</i>
_____	\$ _____	1/\$250	_____
_____	\$ _____	1/\$250	_____
_____	\$ _____	1/\$250	_____

Former Razorback Student-Athlete	<input type="checkbox"/> Yes	25	_____
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Total Points: _____

Comments/Additional Information: _____

Signature: _____

Date: _____

Please mail this completed form to:
Request for Review – Razorback Foundation – 1295 S. Razorback Rd., Ste. A, Fayetteville, AR 72701

All supporting documents must be mailed to the address above. Faxes will not be accepted.

FOR OFFICE USE ONLY		
Points Reviewed: _____	Points Adjusted: ___ Yes ___ No	Confirmation Sent: _____