

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 submit to the Razorback Foundation online 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.



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: _____

By checking this box, I certify that the above information is correct to the best of my knowledge and request that the Razorback Foundation evaluate my current priority points based on this information.

Date: _____

**All supporting documents must be emailed to gohogs@razorbackfoundation.com or mailed to:
Request for Review – Razorback Foundation – 1295 S. Razorback Rd., Ste. A, Fayetteville, AR 72701**

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