

# STATE RECORD APPLICATION VERIFICATION OF TIME

**This certifies that:**

Complete Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (MI) (Last)

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Club affiliation) (Club Code) (USA Swimming ID# - 14 digits)

Has officially recorded a time of \_\_\_\_\_ [Relay lead-off? Yes / No]  
[Initial distance? Yes / No]

**in the following event:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Gender/Age Group) (Distance) (Course: SCY/LCM) (Stroke)

Date Record Set: \_\_\_\_\_

**Meet where record was set:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Meet Name) (Host Team) (Site)

Verification Signatures: \_\_\_\_\_  
(Meet Director)

\_\_\_\_\_  
(Referee)

**RELAY:** [event/time listed above]

<u>Relay Swimmers' Names</u> (First, MI, Last - In order swum)	<u>USA Swimming ID#</u> (14 digits)	<u>Date of Birth</u> (dd/mm/yyyy)
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- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

**Note:** For verification purposes, if the time was achieved at a meet outside of the Minnesota Swimming LSC, you must include one of the following with this form:

- 1) Meet Final Results indicating the meet site, date, & sanction #, OR
- 2) A page from Fast Times on the USA Swimming website.

Mail this form to:

Susan McNeely, MSI Records Chair, 16 Pheasant Lane, St. Paul, MN 55127