



**The Pennsylvania State University  
PGA Golf Management Program  
*Handicap Verification Form***

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ USGA Handicap \_\_\_\_\_

Email Address \_\_\_\_\_

PAT Passing Date, Location, & Score \_\_\_\_\_

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your signature confirms the handicap noted on this form is accurate and true.  
Please indicate PGA Professional or High School Golf Coach.*

**PGA Professional**

**High School Golf Coach**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Name of Golf Course)

\_\_\_\_\_  
(Name of High School)

\_\_\_\_\_  
Phone Number – PGA Professional

\_\_\_\_\_  
Phone Number – High School Golf Coach

Please send via fax, email or mail to:  
**Dr. Burch Wilkes**  
**Director, PGA Golf Management**  
**The Pennsylvania State University**  
**801 Ford Building**  
**University Park, PA 16802**  
[gbw104@psu.edu](mailto:gbw104@psu.edu)  
**Fax: 814-867-1751**