

North Carolina State University Player-Agent Registration Form

The completion of this form is required for registration in the North Carolina State University Player-Agent Program.

NOTE: This form must be completed in its entirety

I) General (Please print or type)

Name: _____ Date of Birth: _____

SS #: _____ Phone: (____) _____

Home Address: _____
City State Zip

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: _____

Business Address: _____

City State Zip Business Phone

E-mail Address: _____ Fax Number: _____

II) Education

High School
Name: _____
City State

Month/Year Graduated: _____

College (undergraduate)
Name: _____
City State

Degree(s) and Year Graduated _____

Graduate/Legal
College or University _____
City State

Admitted to Bar (If applicable)

Yes _____ No _____
State(s) Date(s)

Please indicate which current North Carolina State University student-athlete you plan to contact in the upcoming year:

Do you earn income from work performed in some capacity other than as a player-agent? Yes No

If yes, describe other occupation(s) or service(s) for which you are paid:

Approximately what percentage of your total work time is consumed as a player-agent? _____

VI) Previous Employment (last two positions and dates of employment)

Firm _____ Position/Date _____

Address _____

Firm _____ Position/Date _____

Address _____

VII) References

Name _____ Position _____

Address _____

City

State

Name _____ Position _____

Address _____

City

State

Name _____ Position _____

Address _____

City

State

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify the Assistant Athletics Director for Compliance before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in North Carolina State University or before the first contact with the student-athlete's coach and that I have reviewed the NCAA rules and regulations that accompany this form will not and/or have not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by North Carolina State University against me and the assessment of civil and/or criminal penalties to me.

Signature_____

Date_____

Return Completed form to: NC State Compliance Office
North Carolina State University
Campus Box 8502
Raleigh, NC 27695-8502
919-515-2560
919-515-6306 (Fax)