



**FLORIDA STATE UNIVERSITY ATHLETICS
2021-22 STUDENT-AGENT REGISTRATION FORM
COMPLIANCE OFFICE - MARKETING OPPORTUNITIES-**

The completion of this form is required for registration in the Florida State University Student-Agent Program. This form must be completed for an agent to represent a student in the commercialization of her/his name, image, and likeness.

Notice to Athlete Agents: In order to represent a student-athlete for the commercialization of his/her name, image, and likeness, you must be registered and in good standing with the Florida Bar or licensed as an athlete agent under part IX of chapter 468 of Florida law.

NOTE: This form must be completed in its entirety.

I) General (Please print or type)

Name: _____ Date of Birth: _____

Cell Phone: _____ E-mail: _____

Home Address: _____
City State Zip

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

Name of Firm/Agency: _____

Website: _____

Business Address: _____
City State Zip

Business Phone: _____ Fax Number: _____

II) Education

High School

Name: _____
City State

Month/Year Graduated: _____

College (undergraduate)

School Name: _____
City State

Degree(s) Awarded and Year: _____

Graduate/Legal

College or University: _____
City State

Degree(s) Awarded and Year: _____

Admitted to Florida Bar (please provide proof of current Florida bar license)?

Yes _____ No _____

III) Experience

Number of years' experience as an agent: _____

Names of clients, including FSU athletes, you previously or currently represent and with whom you negotiated the contract. Write "none" if you currently do not represent any clients. Use additional sheets if necessary:

<u>Name</u>	<u>Clients Phone</u>	<u>Contract Representative</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV) Other Qualifications

Current membership in professional organizations: _____

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: _____

Are you currently registered with the State of Florida as an athlete-agent?
Yes No

If Yes, what is your Florida Agent Registration Number _____

Are you currently certified with professional sport organization?
Yes No

If yes, please list the professional sport organizations and status (i.e. permanent, provisional):

V) Professional Services

General services performed for clients (check those that apply and indicate fee charged):

Playing contract negotiations:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Endorsement contract negotiations:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Legal Assistance:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Tax Consulting:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Financial Planning:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Money Management:	_____	_____	Hourly fee or percentage: _____
	Yes	No	

For the services you perform for clients, list the names and address of individuals, firms or agencies who assist in providing these services:

1. _____
Name Service
Address City State
2. _____
Name Service
Address City State
3. _____
Name Service
Address City State

In receiving compensation for contract negotiation services, do you receive payment "up front" or are your payments received as the client is compensated?

Please indicate which current Florida 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 an agent?

Yes

No

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

What approximate percentage of your total work time is consumed as an agent: _____

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

Firm: _____ Position: _____

Dates of Employment: _____ Address: _____
City State

Firm: _____ Position: _____

Dates of Employment: _____ Address: _____
City State

VII) References

Name: _____ Position: _____

Phone: _____ Email: _____

Name: _____ Position: _____

Phone: _____ Email: _____

Name: _____ Position: _____

Phone: _____ Email: _____

I certify that the above information is true, correct and complete to the best of my knowledge. Further, in accordance with Florida statute 468.456-(1-3), I certify that I will notify the Florida State University Athletic Compliance Office before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at Florida State University. I certify that I have reviewed NCAA rules and regulations and Florida's Intercollegiate Athlete Compensation and Rights law. Further, I certify that I 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, the applicable NCAA legislation and Florida's Intercollegiate Athlete Compensation and Rights law may result in the initiation of legal proceedings by Florida State University against me and the assessment of civil and/or criminal penalties against me.

Signature: _____ Date: _____

Return Completed Form To:

Florida State University Athletics
C/O Compliance Office
403 Stadium Drive West, Room D0107
Tallahassee, FL 32306
Phone: (850) 644-4272
Fax: (850) 644-7025
Email: jescue@fsu.edu