



Auburn Athletics Compliance Office
Athlete Agent Permission to Contact Authorization

Completion of this form is required prior to having any in-person encounter with an Auburn student-athlete and/or his or her parents or relatives.

A. Last Name: _____ First Name: _____

B. Firm Name: _____

C. Firm Mailing Address: _____
Street City/State Zip

D. Firm Website: _____

E. Business Phone: _____ Cellular Phone: _____

F. E-Mail Address: _____

G. Date of Proposed Contact: _____ Time of Proposed Contact: _____

H. Student-Athlete or Parent of Athlete to contact: _____

I. Site of Contact: _____
Street City/State Zip

Names of All Persons Present During Contact:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Brief description of the purpose for contact:

By affixing your signature, you acknowledge the understanding that failure to comply with the terms of NCAA rules and this Auburn policy may result in the initiation of legal proceedings by Auburn University and the assessment of civil and or criminal penalties by the State of Alabama.

Signature: _____ Date: _____

Please return to Auburn Athletics Compliance Office