



The University of South Carolina has a family of official marks that represent the university in a range of contexts and settings. It is essential that official university logos are used properly and within established guidelines. An intercollegiate athlete shall not use University of South Carolina registered trademarks, products protected by copyright, or official logos, marks, colors without the written approval of the University of South Carolina Department of Athletics (USCAD). This request form should be completed prior to the use of institutional marks in any activity. This form may be submitted to Hilary Cox – coxha@mailbox.sc.edu - and must be submitted no later than five (5) business days prior to the event or activity. Any request submitted after this deadline shall be denied. Questions associated with this form may be addressed to Hilary Cox, Associate Athletics Director at coxha@mailbox.sc.edu

PART I: IDENTIFYING THE ACTIVITY

Please indicate the type of activity you are requesting the use of marks for. Check all boxes that apply:

- Appearance Request Endorsement or Promotion Activity Merchandise

PART II: IDENTIFYING THE ASSOCIATED BUSINESS

Please provide complete information as requested below.

| | | | |
|---------------------------|--|----------------------------------|--|
| Name of Business: | | Business Phone Number: | |
| Business Mailing Address: | | | |
| Business Contact Name: | | Business Contact Phone or Email: | |
| Date of Activity: | | Frequency of Activity: | |

PART III: IDENTIFYING THE ASSOCIATED STUDENT-ATHLETE

Please identify the student-athlete that would participate in the activity. If more than one student-athlete is participating, please provide a list of all student-athletes and their sport.

| | |
|--------------------------|--------|
| Name of Student-Athlete: | Sport: |
|--------------------------|--------|

PART IV: IDENTIFYING THE ACTIVITY

Please provide all relevant information related to the request below. If necessary, include additional paperwork with the request.

PART V: SIGNATURE AND SUBMISSION

By signing below, I confirm the information is accurate and answered to the best of my ability. I understand that providing false or misleading information may affect the eligibility of the intercollegiate athlete associated with the activity as listed above.

| | | | |
|-------------------------|---|-----------------|--|
| Name of submitter: | Preferred method of contact (please provide phone number or email): | | |
| Signature of submitter: | | Date submitted: | |



FOR USCAD USE ONLY:

| | | |
|--|--------------|----------------|
| Date Received: | Reviewed by: | Date Reviewed: |
| Status: Approved Denied If denied, rationale: | | |
| USCAD Representative Signature: | | |
| Comments: | | |