

## PENN STATE UNIVERSITY INTERCOLLEGIATE ATHLETICS

## FOOTBALL ATHLETE-AGENT RENEWAL FORM

**Agents:** Thank you for your registration with the Penn State Player-Agent Program. Completion of this form, in its entirety, is required every two years to maintain your registration with the Penn State University Athletics Compliance Office. Please attach additional sheets if necessary.

I. Contact Information						
M		Data of	Data of Birth		Call Dhana.	
Name:					ll Phone:	
Firm Address						
Firm Address:Business Phone:		• ,		_	J	
Email:			e:			
Eman.		websit	e			
III. Athlete Representation						
Are you currently registered as an Athlete Agent in the state of Pennsylvania?  Yes: No:						
What is your Pennsylvania registration number?						
Are you currently certified by th	Yes:	No:	Number of Years Certified:			
Is your NFL Player Association Certification:			Provisional:	Permanent:		
Please indicate the names and sports of any current Penn State Student-Athletes you plan to contact during the upcoming year.						
Student-Athlete			Sport(s)			
Please provide the names and requested information of any additional clients you have represented since the date of your initial registration in the Penn State Player-Agent Program.						
Client Name	Current	or Previous Client	Email or Phone Number		Team and League	
Please provide the names of all perso	ns who work v			t activities. Failure	to indicate "Runners" (or the like)	
Name		could result in non-approval or disassociation.  Position/ Title		Email Ad	Email Address or Phone Number	
			,			



IV. Professional Responsibility	
Have you been disciplined by <i>NFLPA</i> or any other professional association since the date of y Player-Agent Program?  Yes: No:	
If yes, explain the incident that resulted in disciplinary action:	
Disciplinary Action:	Date of Discipline:
Have you been convicted/pled guilty to a criminal charge other than a minor traffic violation proceeding since the date of your initial registration in the Penn State Player-Agent Program If yes, explain the incident that resulted in the criminal charges:	n? Yes: No:
Legal Sanction(s):	Date of Ruling:
Are any criminal or civil charges or complaints currently pending against you?  If yes, explain the incident that resulted in the pending charges/complaints:	Yes: No:
Charge/Complaint: Date Informed of Pendin	ng Charge/Complaint:
V. Certification	
I certify that the above information is true, correct, and complete to the best of my knowledge. Further and regulations applicable to player-agents and <b>will not and have not</b> engaged in any activity that we certify that I agree to be bound by and conform to all Penn State rules and policies governing the Football Student-Athletes. I further understand that failure to comply with the terms of the Penn Stapplicable NCAA legislation may result in the initiation of legal proceedings and the assessment of civil	ould jeopardize a student-athlete's eligibility. e activities of agents in relation to Penn Stat tate University Player-Agent Program and the
NAME:	

SIGNATURE:

DATE: \_\_\_\_\_