

**UNIVERSITY OF KENTUCKY**  
**2023-24 AGENT / FINANCIAL ADVISOR REGISTRATION FORM FOR AGENTS / FINANCIAL**  
**ADVISORS PREVIOUSLY REGISTERED WITH**  
**THE UNIVERSITY OF KENTUCKY**

The signing of this form is required to keep your registration with the University of Kentucky's Professional Sports Counseling Panel current.

I certify that I will notify the compliance office before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at the University of Kentucky or before the first contact with the student-athlete's coach. I have reviewed the NCAA rules and regulations that accompany this form and 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 the University of Kentucky against me and the assessment of civil and/or criminal penalties to me.

Name: \_\_\_\_\_

Kentucky Agent Registration No. \_\_\_\_\_

Name or Firm/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	Business Phone
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E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate which current University of Kentucky student-athletes you plan to contact in the upcoming year:

\_\_\_\_\_  
\_\_\_\_\_

Please name any former University of Kentucky athletes you currently represent or have previously represented (use additional sheets if necessary):

<u>Player Name</u>	<u>Team</u>	<u>Clients Phone</u>
_____	_____	_____
_____	_____	_____

**Return Completed Form To:** Rachel Newman Baker  
Executive Associate AD/  
Compliance University of Kentucky  
Joe Craft Center  
Lexington, KY 40506  
Phone: 859-257-8604  
Email: [compliance@uky.edu](mailto:compliance@uky.edu)