UNIVERSITY OF KENTUCKY 2021-22 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 Rachel Baker 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 Regis	stration No.			
Name or Firm/Agency:				
Business Address:				
City	State	Zip	Business Phone	
E-Mail:		Fax:		
Signature:		Da	te:	
Please indicate whic in the upcoming year		niversity of Kent	ucky student-athletes you plan to	contact
Please name any form previously represent			hletes you currently represent or necessary):	have
			Clients Phone	