STUDENT-ATHLETE REQUEST FORM

Thank you on behalf of the Panther G.O.L.D program for requesting FIU student-athletes to be a part of your event.

The process for requesting student-athlete(s) for community service:

- Complete the request form at least two weeks prior to date of event.
- Scan and email the completed form to Assistant Athletic Director, Liz Augustin at laugusti@fiu.edu. All requests must be approved by our Compliance staff. You will be contacted by an athletics staff member with notice of approval/denial.
- We will work to accommodate your request; however please keep in mind student-athletes have challenging schedules and we may not be able to fulfill your request.
- As a reminder, there are several NCAA guidelines to which we must adhere. These include limiting participation to events within 30 miles of FIU and restricting involvement with students in high school (7th grade and above for basketball).

Examples of approved activities for student-athletes:
- Visit schools, grades k-8 (grades k-6th for basketball)
- Visit hospitals
- Participate in non-profit agency's events

Activities that CANNOT be approved for student-athletes:
- Visiting high schools
- Distribution of tickets to sporting events
- Donation of auction items

Additional guidelines:

- Student-athletes’ name or picture cannot be used for promotional ventures of any non-profit agency.
- FIU media staff may attend the event to shoot video or still photos of student-athlete involvement.
- No additional gifts or benefits can be provided to student-athlete volunteers, unless previously approved.

Please read the following:

NCAA rules permit a member institution, a member conference or a charitable or educational agency to use a student-athlete’s name, picture or appearance to support its charitable or educational activities, provided the following conditions are met:

a) The student-athlete receives written approval to participate from the Director of Athletics (or his/her designee);

b) The specific activity or project in which the student-athlete participates does not involve co-sponsorship, advertisement or promotion by a commercial agency other than through the reproduction of the sponsoring company’s officially registered regular trademark or logo on printed materials such as pictures, posters or calendars. The company’s emblem, name, address and telephone number may be included with the trademark or logo. Personal names, messages and slogans (other than an officially registered trademark) are prohibited;

c) The name or picture of a student-athlete with remaining eligibility may not appear on an institution’s printed promotional item (e.g., poster, calendar) that includes a reproduction of a product with which a commercial entity is associated if the commercial entity’s officially registered regular trademark or logo also appears on the item;

d) **The student-athlete does not miss class:**

e) All moneys derived from the activity or project go directly to the institution, member conference or the charitable, educational or nonprofit agency;

f) The student-athlete may accept legitimate and normal expenses from the member institution, member conference or the charitable, educational or nonprofit agency related to participation in such activity, provided it occurs within the state or, if outside the state, within a 100-mile radius of the member institution’s campus;

g) The student-athlete’s name, picture or appearance is not utilized to promote the commercial ventures of any nonprofit agency;

h) The student-athlete and an authorized representative of the charitable, educational or nonprofit agency sign a release statement ensuring that the student-athlete’s name, image or appearance is used in a manner consistent with the requirements of this section.
STUDENT ATHLETE REQUEST FORM

PLEASE COMPLETE AND SUBMIT THE FOLLOWING FORM:
The following information must be provided in order to determine the permissibility of a student-athlete’s proposed involvement in the activity.

ORGANIZATION: ________________________________________________________________

ADDRESS: ___________________________________________________________________________

CITY: ___________________________ STATE: _______________ ZIP: ________________________

Is this agency charitable, educational, or institutional? _______Yes _______No

Is this agency certified as a 501c3 nonprofit organization? _______Yes _______No

Purpose of Student-Athlete Attendance at Event? _____ Event Requires Appearance by Student Athlete

_____ Volunteer Employment

_____ Community Service Hours

NAME OF EVENT: ____________________________________ DATE OF EVENT: ______________________

LOCATION ADDRESS OF THE EVENT: ______________________________________________________

TIME OF REQUESTED APPEARANCE Start: ______________________ End: ______________________

Please provide a description of the event and responsibilities/expectations of the student-athlete(s):
_____________________________________________________________________________________

Age Group: _______________________________ Size of Audience: ______________________________

Contact Name: ___________________________ Contact Email: ________________________________

Will money be raised from the activity? _______Yes _______No

If yes, who will receive the proceeds and what will the proceeds be used for?
_____________________________________________________________________________________

Will there be any commercial sponsorship of the event? _____ Yes _____ No

If yes, how is the commercial entity involved in this activity?
_____________________________________________________________________________________

Will there be any advertisement or promotions by a commercial agency or sponsor? _______ Yes _______ No

If yes, what type of advertising or promotion will be involved?
_____________________________________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
Will a student-athlete’s name, picture, personal appearance or involvement be used in any advertising or promotion of the activity?  

______Yes    ______No

If yes, how will the student-athlete be used in the advertising or promotion? ________________________________

__________________________________________________________________________________________

Will the student-athlete(s) receive any expenses (e.g. meals, transportation) associated with their involvement in the activity?  

______Yes    ______No

If yes, indicate what the student-athlete(s) will receive: ________________________________

__________________________________________________________________________________________

SPONSORING AGENCY RELEASE STATEMENT

In signing this form, I acknowledge that I have read and agree to abide by these NCAA requirements regarding use of the student-athlete’s name, picture, or appearance in the promotion or involvement of this activity.

_________________________________________________________________________________________________
   Signature of Authorized Agency Representative   Date

STUDENT-ATHLETE CERTIFICATION

In signing this form I acknowledge that I have read and agree to abide by the above NCAA regulations regarding my proposed involvement in this activity.

_________________________________________________________________________________________________
   Signature of FIU Student-Athlete   Date

   Signature of FIU Student-Athlete   Date

FOR OFFICE USE ONLY

Does this activity meet the requirements of NCAA Bylaw 12.5.1.1?  ______Yes    ______No

Does this activity occur on requested team’s required off day?  ______Yes    ______No    _____ N/A (Multi-team)

Approval ____________________________________________________________
   Compliance Office   Date

FIU Contact Person ____________________________________________________

Approval ____________________________________________________________
   Head Coach’s Signature (only if activity is required by student-athlete)   Date

Approval ____________________________________________________________
   Director of Athletics (or designee)   Date