



Athlete Agent Registration

Office of Compliance Services - University at Albany

**COMPLETION OF THIS FORM IS REQUIRED FOR REGISTRATION IN
THE UNIVERSITY AT ALBANY ATHLETE AGENT PROGRAM.**

I. GENERAL

A. Last Name: _____ First Name: _____

B. Have you ever been known by any other name, surname or alias? Yes ☐ No ☐

If yes, state all names used and when used:

Other name/surname/alias	Dates Used
1.	
2.	

C. Personal/Home Mailing Address and Contact Information:

Street PO BOX City/State Zip

Personal/Home Telephone: _____ Mobile: _____

Personal/Home Email: _____

II. FIRM INFORMATION

A. Firm Name: _____

B. Firm Mailing Address: _____
Street PO BOX City/State Zip

C. Firm Website: _____

D. Business Phone: _____ Mobile Phone: _____

E. Email Address: _____



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III. EDUCATION

- A. List all Law Schools or Graduate Schools attended and degree/major earned.

School/City and State	Dates Attended	Degree/Major Earned
1.		
2.		
3.		

- B. List all 2-Year, 4-Year Colleges and Universities attended and degree/major earned.

School/City and State	Dates Attended	Degree/Major Earned
1.		
2.		
3.		

- C. List all High Schools or Prep Schools attended and degree earned.

School/City and State	Dates Attended	Degree/Major Earned
1.		
2.		
3.		

IV. ATHLETE AGENT EXPERIENCE

- A. Number of years as player agent: _____

- B. Check all sports in which you currently represent athletes:

<input type="checkbox"/> Boxing	<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Softball
<input type="checkbox"/> Football	<input type="checkbox"/> Baseball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Motor Sports
<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Track	<input type="checkbox"/> Other:

- C. The current number of professional athletes you or your firm represent: _____



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V. OTHER QUALIFICATIONS

A. Please list all organized/professional memberships:

Name of Organization	Member Since	Office/Titles Held
1.		
2.		
3.		

B. Please list all Occupational or Professional Licenses or Certifications.

Name of License	Name of Issuer and State of Issuance	Date Issued and Obtained
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Are you currently registered by the State of New York as a Player Agent?

Yes

☐

No

☐

Are you currently certified by the NBPA?

Yes

☐

No

☐

Are you currently certified by any other professional sports organization

Yes

☐

No

☐

or entity not previously listed in section V-B?

If so, please go back and list above.

VI. PROFESSIONAL SERVICES

Please check the applicable general services that you perform or provide for client athletes and indicate the fee or percentage charged:

☐

Playing Contract Negotiations:

Hourly Fee = _____ or % _____

☐

Endorsement Contract Negotiations:

Hourly Fee = _____ or % _____

☐

Legal Assistance:

Hourly Fee = _____ or % _____



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<input type="checkbox"/> Tax Consulting:	Hourly Fee = _____ or % _____
<input type="checkbox"/> Financial Planning:	Hourly Fee = _____ or % _____
<input type="checkbox"/> Money Management:	Hourly Fee = _____ or % _____
<input type="checkbox"/> Estate Planning:	Hourly Fee = _____ or % _____
<input type="checkbox"/> Insurance:	Hourly Fee = _____ or % _____
<input type="checkbox"/> Other:	Hourly Fee = _____ or % _____

For the services you and your firm perform or provide to client athletes, list the names of individuals, firms or agencies that assist in providing these services.

You may attach additional sheets as needed.

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Service Provided: _____	

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Service Provided: _____	

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Service Provided: _____	



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Name: _____ Name of Firm/Agency: _____
Address: _____ Phone: _____
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Name: _____ Name of Firm/Agency: _____
Address: _____ Phone: _____
Service Provided: _____

Name: _____ Name of Firm/Agency: _____
Address: _____ Phone: _____
Service Provided: _____

VII. RUNNERS/BIRD DOGS/STREET AGENTS

A. Please list the names of all persons employed on a volunteer or paid basis, that act as intermediaries upon your behalf, with the intent to cultivate prospective athlete clients for future representation by you and your firm. **(NOTE: FAILURE TO DISCLOSE ALL RUNNERS COULD RESULT IN UNIVERSITY DISASSOCIATION.)**

Name/Surname/Alias	Dates Used



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D. Please list at least fourteen (14) FORMER athletes [or all clients, if fewer than fourteen (14)] you formerly represented in the past five years.

Name of Athlete/Client	Sport	Dates of Representation

IX. INCOME

A. Do you earn income from work performed in some capacity other than as a player agent?
Yes ☐ No ☐

If yes, please describe your other occupations or services for which you are paid:



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B. What approximate percentage of your total work is spent as a player agent: _____

X. PREVIOUS EMPLOYMENT HISTORY

Name of Firm/Agency: _____ Years Employed: _____

Address: _____ Phone: _____

Job Title: _____ Name of Supervisor: _____

Name of Firm/Agency: _____ Years Employed: _____

Address: _____ Phone: _____

Job Title: _____ Name of Supervisor: _____

Name of Firm/Agency: _____ Years Employed: _____

Address: _____ Phone: _____

Job Title: _____ Name of Supervisor: _____

Name of Firm/Agency: _____ Years Employed: _____

Address: _____ Phone: _____

Job Title: _____ Name of Supervisor: _____



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XI. REFERENCES

Name: _____

Address: _____

Phone: _____

Email Address: _____

Title/Relationship: _____

Name: _____

Address: _____

Phone: _____

Email Address: _____

Title/Relationship: _____

Name: _____

Address: _____

Phone: _____

Email Address: _____

Title/Relationship: _____

Name: _____

Address: _____

Phone: _____

Email Address: _____

Title/Relationship: _____



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XII. VERIFICATION STATEMENT

Agents are invited to register to participate in UAlbany's Athlete Agent program for student-athletes and their families. If you seek to represent UAlbany student-athletes in their future professional activities and want to participate in the education program, you must agree to the conditions of this policy, apply for registration through our Office of Compliance Services, and receive approval from the Director of Athletics and/or Designee. By affixing your signature below, you certify that the information submitted in this document is true and correct to the best of your knowledge. Further, you certify that you have reviewed NCAA rules, pertinent State of New York Agent Laws and regulations and Department of Athletics policies and procedures. You 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 UAlbany and the assessment of civil and/or criminal penalties.

Print Name: _____ Date: _____

Signature: _____

Information submitted on this document will only be disseminated to a third party with probable cause and as a result of an NCAA, CAA/AE/MAAC or institution's inquiry into potential state, federal or NCAA violation of rules.

Please return to:

University at Albany
Office of Compliance Services
Department of Athletics
1400 Washington Avenue
PE Building 307A
Albany, NY 12222
Email: mpeach@albany.edu
Fax: (518) 442-3031