



This form, when signed by the requesting entity and approved by all appropriate Ohio State Athletics Department officials, allows a student-athlete to participate in the event as described below. In submitting this form, the requesting entity recognizes that the following criteria **MUST** be met:

- 1) The request **MUST** be submitted to the athletics compliance office at least four (4) weeks prior to the event.
- 2) The request **MUST** include a fully completed and accurate copy of this form.
- 3) If a charitable group, the request **must** include a copy of the group's government recognized tax-exempt status (i.e., 501(c)(3)).

If any of the above criteria are not met, requests will be denied. Please note that Ohio State reserves the right to deny requests regardless of the permissibility of the request under NCAA rules.

SECTION A: REQUESTING GROUP/AGENCY INFORMATION

Name of requesting group/agency		Organization Web Address	
Group/Agency Description (check one)			
<input type="checkbox"/> High School <input type="checkbox"/> K-8 School <input type="checkbox"/> OSU Group <input type="checkbox"/> Charitable Group <input type="checkbox"/> Military Group			
Name of contact person for requesting group/agency		Contact E-mail Address	
Address (street, city, state, zip)		Phone #	Fax #

SECTION B: STUDENT-ATHLETE APPEARANCE INFORMATION

Which student-athlete or team are you requesting? (For general requests, please list the number of student-athletes needed.)		
Location of the appearance	Date of Appearance	Time of Appearance
Is the location of the appearance within 30 miles of The Ohio State University? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will student-athletes be provided with any of the following?		
<input type="checkbox"/> Meal <input type="checkbox"/> Transportation <input type="checkbox"/> Nominal Gift (please provide an explanation and approximate value of gift) <input type="checkbox"/> Other (please provide explanation):		
What is the stated purpose of the group/agency for requesting the student-athlete appearance?		



Will the student-athlete appearance result in money being raised? Yes No

If yes, please indicate where the proceeds from the student-athlete appearance will be distributed:

- Charity: _____
- Individual in High School: _____
- Individual not in High School: _____
- A High School: _____
- A High School Booster Group: _____
- Other: _____

Please provide any additional information that you feel might be relevant.

SECTION C: NCAA STUDENT-ATHLETE APPEARANCE QUESTIONS

- Yes No 1) Will the event involve any commercial agencies or sponsors?
If yes, you MUST attach a detailed description of the role of the sponsor
- Yes No 2) Will the name, likeness or image (including photos) of any student-athlete(s) be used to publicize the appearance through an announcement, advertisement or promotion of the event?
If yes, you MUST attach a copy of the announcement or advertisement, including internet promotions
- Yes No 3) Will the appearance involve students who have started 9th grade in any manner?

SECTION D: GROUP/AGENCY RECOGNITION OF TERMS AND CONDITIONS

All contact persons for groups/agencies requesting student-athlete appearances from The Ohio State University Department of Athletics are required to recognize the following:

- 1) All appearances must be within thirty (30) miles from The Ohio State University campus.
- 2) Student-athletes may not miss class to make an appearance.
- 3) Student-athletes **may not** accept legitimate and normal expenses such as meals and travel unless expressly approved by the Compliance Office.
- 4) Money derived from a student-athlete appearance may **only** go directly to an educational, charitable, institutional or non-profit agency.
- 5) Student-athlete name, image, or likeness (including photos) may not be utilized to promote the commercial ventures of any agency.

I certify that I have filled out this form correctly and accurately to the best of my knowledge. I have read the terms and conditions for submitting this request to The Ohio State University Department of Athletics and agree to abide by these terms and conditions, along with all NCAA rules and regulations. I understand that failure to provide accurate information on this form, or failing to abide by the terms and conditions of this request or NCAA rules and regulations may jeopardize the eligibility of student-athletes or may result in a NCAA violation.

Signature of Group/Agency Authorized Representative	Date
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SECTION E: INSTITUTIONAL APPROVALS (For Ohio State University Use ONLY)

COMPLIANCE APPROVAL

Permissible to Attend the Event Yes, conditions may be listed below No

Additional Expenses Yes, **only** as described below No

Conditions for approval of attendance at the event or receipt of expenses:
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Signature of Athletic Compliance Office	Date
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STUDENT-ATHLETE APPROVAL

I certify that I have reviewed this form and that to the best of my knowledge the appearance that I will be involved with is permissible under NCAA rules. I have read the terms and conditions required of student-athlete appearances for student-athletes at The Ohio State University and agree to abide by these terms and conditions, along with all NCAA rules and regulations. I understand that failure to abide by the terms and conditions of this request or NCAA rules and regulations may jeopardize my eligibility or may result in a NCAA violation.

Signature of Student-Athlete (Print & Sign)	Date
Signature of Student-Athlete (Print & Sign)	Date
Signature of Student-Athlete (Print & Sign)	Date
Signature of Student-Athlete (Print & Sign)	Date
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Notes: