

Family Advisor Form

University of Notre Dame

Name (print): _____ Sport: _____

Student ID #: _____

Home phone number: _____ Campus phone number: _____

Do you have a family advisor? (check one) Yes _____ No _____

Name of family advisor: _____

Address of family advisor: _____

Phone Number of family advisor: Home _____ Office: _____

Email address of family advisor: _____

Is your family advisor a registered agent? (check one) Yes _____ No _____

How and when (approximate date) did you meet your family advisor? _____

Why did you decide to have a family advisor? _____

Has your family advisor provided you or your relatives with any benefits (e.g., transportation, loans, tickets to professional sporting events, lodging)? (check one)

Yes _____ No _____

Describe the types of benefits received. _____

Has your family advisor communicated with any professional teams on your behalf? Yes _____ No _____

Which professional teams has your family advisor communicated with on your behalf? _____

Student-athlete Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:

University of Notre Dame
Athletic Compliance Office
113 Joyce Center
Notre Dame, IN 46556
(574) 631-8090 Phone
(574) 631-9229 Fax