



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
PO BOX 61975
HARRISBURG, PA 17106

717 787 5720

Endorsement “NIL” Contract Notification

Name of the School/College/University:

Complete Address of the School:

Athletic Director: (full name and telephone #):

NAME OF Student Athlete:

Name of Athlete Agent:

Date the NIL Agreement was signed:

Duration of the NIL Agreement:

****Return completed form by E-mail – ra-sac@pa.gov
Or FAX = 717 783-0824**