Clemson University Athletic Department



NIL Use of Marks Request Form

As required by the Clemson University NIL Policy and S.C. Law, Clemson University student-athletes may not use Clemson University's intellectual property, including registered trademarks, copyrights, official logos, marks, or colors without the written approval of the Clemson University Athletic Department. If use of University intellectual property is authorized, it must be used properly and within established guidelines (see here: www.https://clemsontigers.com/styleguide/). This request form should be submitted to Tim Match (mtimoth@clemson.edu) at least 72 hours in advance of the proposed student-athlete NIL use of University intellectual property. Questions may be addressed to Tim Match, mtimoth@clemson.edu or Steve Duzan,

sduzan@	gclemson.edu.				
ι	JSE OF CU INTELLECTUAL PROPERTY FOR N	IL ACTIVITIES WIT	HOUT THE	PRIOR PE	ERMISSION OF CUAD IS PROHIBITE
ART I: ID	DENTIFYING THE ACTIVITY				
lease inc	licate the type of activity in which you are r	equesting the use	of marks. C	heck all b	poxes that apply:
	_				
	☐ Appearance Request ☐ En	dorsement or Pi	romotiona	l Activit	y
ADT II. II	DENTIFYING THE ASSOCIATED BUSINESS				
	ovide complete information as requested be	elow			
rease pre	strae complete illiorination as requested se				
	Name of Business:		Business F	hone Nu	ımber:
	Business Mailing Address:				
	Business Maining Address.				
	Business Contact Name:	Business Contact	t Phone or I	Email:	
	Date of Activity:		Freque	ency of Ad	ctivity:
	Name of Clemson Student-Athlete: IDENTIFYING THE ACTIVTY /UPLOAD ARTW		t. 	Sport	:
	ovide all relevant information related to the		appropriate	e. please	upload any artwork or files for
	If necessary, include additional paperwork		app. opac.	, p.cacc	aproducting and an end of the control
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	SIGNATURE AND SUBMISSION				
	g below, I confirm the information is accura				
	g false or misleading information may affect is listed above.	t the eligibility of the	ne intercoil	egiate ati	niete associated with the
activity a	Name of Submitter:	Preferred metho	nd of contac	t (nlease	provide phone number or email):
	Tame or Submitter.	. referred metho	or contac	r (picase	. Provide priorie fidiliber of email).
	Signature of submitter:				Date submitted:
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FOR CUAD USE ONLY:

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Date Received:		Reviewed b	y:		Date Reviewed:		
Status:	Approved	Denied	If denied, rationale:				
CUAD Representative Signature:							
Comments:							

Revised: October 25, 2021