

LSU COMPLIANCE

STUDENT WORKER WEEKLY INTERACTIONS FORM

Please complete the following information regarding your interaction with an LSU prospective student-athlete during the last week:

Prospect Last Name

Prospect First Name

Prospect's Hometown

Prospect's High School

Date (mm/dd/yyyy)

Time of Day

Indicate your interactions with the prospect:

(who was present, where the interaction took place, the context of the interaction, etc.)

I certify that the above information is true and accurate, to the best of my knowledge. Further, I recognize that I am obligated to document all interactions with any known LSU prospective student-athletes on a weekly basis.

Signature of Student Worker

Date

Signature of Supervisor

Date

*** FILE THIS FORM IN THE STUDENT WORKER INTERACTIONS BINDER ***