



# LSU FACULTY / STAFF TRADITION FUND EXEMPTION FORM LSU ATHLETIC TICKET POLICY

Name: \_\_\_\_\_  
Name of the employee

LSU ID: \_\_\_\_\_  
LSU ID number

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Campus: \_\_\_\_\_  
Name of the campus employed (or retired from)

Department: \_\_\_\_\_  
Name of the department employed

Account #: \_\_\_\_\_  
Season Ticket Account

Sport: \_\_\_\_\_  
Sport you hold season tickets

Date: \_\_\_\_\_  
Date Form Submitted

Brief statement of why the employee should be eligible for an exemption.

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**Form must be returned to the LSU Ticket Office by  
the season ticket renewal deadline date**

**LSU Athletics Ticket Office  
LSU Athletics Administration Building  
Baton Rouge, LA 70803  
Toll Free: 1-800-960-TKTS  
Phone: (225) 578-2184  
Fax: (225) 578-3344  
Email: tickets@lsu.edu**