CAMPUS ORGANIZATION ADD/DELETE OFFICERS/REPRESENTATIVES FORM

Name of organization_____

New Officers/Representatives: Please read the information below and make sure you fully understand your responsibilities BEFORE signing this form.

Officers/Representatives listed are the **ONLY** individuals authorized to reserve facilities, request funds, make purchases and sign University documents for the organization. Each individual is personally responsible for the organization's fiscal matters, and is obligated to adhere to University and Campus Regulations regarding the operation of the campus organization. Failure to do so will result in possible revocation of campus organization status. If the organization's financial obligations cannot be satisfied from the group's OSL trustee account, individual officers/representatives may be billed through their BA/RC accounts. For these reasons, officers/representatives are urged to consult with the Office of Student Life before undertaking any expenditure of funds in their group's name**. Individuals signing this form give permission for their names, phone numbers, and e-mail addresses to be given out as contacts for their organization, including the world wide web.**

PRINT CLEARLY AND ENTER E-MAIL ADDRESSES CORRECTLY

ADD:

1.

_____
PRINT name | position held | signature | date | perm #

_____
address | city | zip | phone | e-mail

2.

_____
PRINT name | position held | signature | date | perm#

_____
address | city | zip | phone | e-mail

3.

_____
PRINT name | position held | signature | date | perm#

_____
address | city | zip | phone | e-mail

NOTE: The officer names, phone numbers, and e-mail addresses will be available to the public through the OSL, Organization Directory and Web Page

DELETE:

1.

_____
PRINT name | position held | signature | date | perm#

_____
address | city | zip | phone | e-mail

2.

_____
PRINT name | position held | signature | date | perm#

_____
address | city | zip | phone | e-mail

3.

_____
PRINT name | position held | signature | date | perm#

_____
address | city | zip | phone | e-mail

CURRENTLY REGISTERED OFFICER/REPRESENTATIVE SIGNATURE REQUIRED TO AUTHORIZE CHANGE:

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_____
PRINT name | position held | signature | date | perm # | e-mail