Fall 2016 - Spring 2017
UAF Recognized Student Organizations Account Signers Form

Student Organization Name: ________________________________

Account Number: ____ ____ ____ ____ ____-41124

Please designate at least two (2) individuals to approve expenses for this account. Please print clearly in pen.

Name: _________________________________________ Email: ________________________________
Title: _________________ Phone #: __________ Signature: _______________________________ Date: __/__/__

Name: _________________________________________ Email: ________________________________
Title: _________________ Phone #: __________ Signature: _______________________________ Date: __/__/__

Name: _________________________________________ Email: ________________________________
Title: _________________ Phone #: __________ Signature: _______________________________ Date: __/__/__

Name: _________________________________________ Email: ________________________________
Title: _________________ Phone #: __________ Signature: _______________________________ Date: __/__/__

UAF Advisor
All UAF recognized clubs are required to have a staff or faculty advisor. A signature and contact information is required.

Name: _________________________________________ Email: ________________________________
Title: _________________ Phone #: __________ Office Location: ____________________________
Signature: ______________________________________ Date: ___/___/___

Please return to the Assistant Coordinator for Student Organizations in the Wood Center.

Name (LIVE Staff Only): ________________________________ Title: ____________________________
Signature: ______________________________________ Date: __/__/__

Please contact Josh Hovis at 474-1170 or more information regarding student organizations and policies, or Krystal Resa at kbhawkes@alaska.edu regarding account information.