

New Agency Account Information

Name of Organization: _____

Advisor Information: Name, ID, Campus Address and Phone Number

Name: _____

University' ID number: _____

Campus/Department Address: _____

Campus Phone: _____

Purpose of Organization:

Advisor Signature: _____

SAO Representative Signature: _____

SAO - stands for Student Activities and Organizations (department)

Controller's Office Use Only

Index: _____

Fund: _____

Date Created: _____

Authorized By: _____

For Questions or Concerns, contact:

Student Activities and Organizations, HMSU 615, 237-3852