STUDENT ORGANIZATION TRAINING VERIFICATION

*IMPORTANT: Please turn in completed within 30 days of receipt.

All signatures will be kept on file and verified when you turn in all forms.

Student Org. Name: __________________________________________________________
Abbreviated: ___________________________________________________________________

Student Leader Contact Information (President and Treasurer)

President’s Name (printed): ______________________________________________________
E-mail: ______________________ Cell Phone Number: ____________________________
Signature: ___________________________________________________________________

Treasurer’s Name (printed): ____________________________________________________
Email: ______________________ Cell Phone Number: ____________________________
Signature: ___________________________________________________________________

Alternate Officer Name (printed): ________________________________________________
E-mail: ______________________ Cell Phone Number: ____________________________
Signature: ___________________________________________________________________

Advisor Contact Information

This signature will be kept on file and verified when you turn in any form that requires an advisors signature. If for some reason you cannot get their signature, you can have them mail or e-mail this form over to us for your file.

Advisor Name (Printed): _________________________________________________________
Advisor Name (Signature): ___________________________________________________________________
E-Mail: ______________________ Contact Phone Number: ____________________________
(Secondary Advisor Contact Information--Only for those organizations that have more than one advisor)
Secondary Advisor Name (Printed): ________________________________________________
Secondary Advisor Name (Printed): ________________________________________________
E-Mail: ______________________ Contact Phone Number: ____________________________

OFFICE USE ONLY: Sign only if student organization has completed the registration process

SAB member name (print) __________________________________________________________
SAB member name (signature) _____________________________________________________
UFB Funding Eligibility DATE __________________________