Ozark Agency Account Approval Form

ACCOUNT # _____ YEAR _____

TERM: (Check all that apply): ☐Summer II ☐Fall ☐Spring ☐Summer I

Name of Organization: _____

Name(s) of authorized person(s) to request checks:

1) _____ _____ _____
Print Name-Student Signature T Number

2) _____ _____ _____
Print Name-Student Signature T Number

3) _____ _____ _____
Print Name-Student Signature T Number

Advisor: _____ _____
Print Name Signature

Advisor Telephone Number: (_____) _____ - _____ T # _____

E-Mail Address: _____ _____
Campus Building & Room #

Immediate Supervisor of Advisor_____ _____
Print Name Signature

For Chief Student Officer Use Only

I, _____, certify that the above name(s) are authorized to request funds for the named organization during the term indicated.

Approved by Chief Student Officer: _____

Date: _____