



## 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

2) \_\_\_\_\_  
Print Name Student Signature

3) \_\_\_\_\_  
Print Name Student Signature

Advisor: \_\_\_\_\_  
Print Name Signature

Advisor Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
Campus Building & Room #

Immediate Supervisor of Advisor \_\_\_\_\_  
Print Name Signature

### For Office of Student Services Use Only

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

Approved by Vice President for Student Services: \_\_\_\_\_

Date: \_\_\_\_\_