Student Organization Authorization Form
2004-05
Oberlin College
Office of the Student Treasurer
Wilder Room 316. Box 85.

Please update the information on this form and get all of the applicable signatures. The organization account will be suspended until you return this form to the Student Finance Committee (SFC) office.

Organization Name
__________________________________________

Account Number
90000 - _ _ _ _ - xxxx - 99

Chief Officer of the Organization
Name (print)
____________________________________
Mailing Address
____________________________________
Phone
____________________________________
Email
____________________________________

Advisor Information
Name (print)
____________________________________
Mailing Address
____________________________________
Phone
____________________________________
Email
____________________________________
Signature
____________________________________

Treasurer(s) of Organization
I/We, the treasurer/s of ____________________________________ have read, understood, accepted and will follow the rules and procedures listed in the Treasurer’s Handbook.
I/We understand that I/we am/are personally responsible and liable for all funds that I/we withdraw from the organization's account. I/We am/are aware that the Treasurer and the Assistant Treasurer have the right to request that the Dean of Students' Office collect all unaccountable expenditures. If this is not done, the college has permission to charge the unaccountable expenditures to my next term bill issued by the Student Accounts Office.

Name (print)
____________________________________
Mailing Address
____________________________________
Phone
____________________________________
Email
____________________________________
Permanent Address
____________________________________
Permanent Phone
____________________________________
Signature
____________________________________

Name (print)
____________________________________
Mailing Address
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Phone
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Email
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Permanent Address
____________________________________
Permanent Phone
____________________________________
Signature
____________________________________

(Treasurers are encouraged to keep a copy of this document)

SFC office use only: Date entered (   /   /   )
Initials of SFC Treasurer:_________