This form is used to verify the status of a student organization and authorizes the Business Office to provide account information to the organization’s representatives listed below. Each representative should please sign in BLUE ink, indicating signature authority and verifying they are responsible for the financial transactions of this account.

Organization Name: ____________________________
Agency Account #: FUND: 100 ORG: 463B ACCOUNT: _______ PROGRAM: 50

MOREHOUSE COLLEGE FACULTY/STAFF REPRESENTATIVES
Primary Advisor Name: ____________________________
Office Phone: ____________________________ Email: ____________________________
Signature: 

Secondary Advisor Name: ____________________________
Office Phone: ____________________________ Email: ____________________________
Signature: 

ORGANIZATION STUDENT REPRESENTATIVES
President Name: ____________________________
Phone: ____________________________ Email: ____________________________
Signature: 

Treasurer Name: ____________________________
Phone: ____________________________ Email: ____________________________
Signature: 

The undersigned verifies that the above mention organization is recognized as a student organization on the campus of Morehouse College and the information provided above is true and accurate.

Office of Student Activities Representative ____________________________ Date ____________________________

Please return this form to Antonio Hughes, Gloster Hall Room 213