



STUDENT FACULTY ORGANIZATION (SFO) ACCOUNT AUTHORIZATION FORM

FY \_\_\_\_\_

- Checkboxes for: New Account, Change Authorized Faculty/Designated Staff, New Fiscal Year, Change Authorized Student Officer

SFO Account Name: \_\_\_\_\_ SFO Account Number: \_\_\_\_\_

Authorized Faculty Adviser – by signing this form I attest that I am the faculty adviser for this student organization. I attest this organization is a University recognized student organization and I have read the Student Organization Adviser’s Manual located at (http://www.uwlax.edu/uc/SOResources/index.htm). I further authorize and designate the listed UW-L Staff Member to approve and sign on my behalf for this organization on a very limited basis, such as emergencies and vacations.

Authorized Faculty/Designated Staff:

Faculty Adviser Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_

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

Optional { Designated Staff Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Campus Address: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Student Officers:

1. Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_
Phone: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_
Phone: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose/Mission of Organization: \_\_\_\_\_

Source of Funds: \_\_\_\_\_ Types of Expenses: \_\_\_\_\_

Business Services Office

Approved By: \_\_\_\_\_ (Signature) (Title) (Date)