



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 or Student Officers – by signing this form I attest that I am the faculty adviser or student officer for this student organization. I attest this organization is a University recognized student organization, and I have read the Student Organization Adviser’s Manual and/or the UWL Leader's Guide located on the University Centers Student Organization Resources website.

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)