



STUDENT FACULTY ORGANIZATION (SFO) ACCOUNT AUTHORIZATION FORM

FY _____

Return form to: Cashier's Office, 121 Graff Main Hall or E-Mail: sfo@uwlax.edu

- New Account
- Change Authorized Faculty/Designated
- New Fiscal Year
- Staff 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: Authorized via email 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: Authorized via email 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)