

Officer Information Sheet

Organization name _____

Date of officer election _____ Term of Office (m/y to m/y) _____

Advisor _____ Phone _____

Office location _____ Email _____

President _____ Phone _____

Address _____ Email _____

City, State, Zip _____

Vice-President _____ Phone _____

Address _____ Email _____

City, State, Zip _____

Treasurer _____ Phone _____

Address _____ Email _____

City, State, Zip _____

Secretary _____ Phone _____

Address _____ Email _____

City, State, Zip _____

UCSO/SCC Rep. _____ Phone _____

Address _____ Email _____

City, State, Zip _____

Other (please list office) _____

Name _____ Phone _____

Address _____ Email _____

City, State, Zip _____

(Please add additional sheets if necessary)

Phone Number & Email Address Release:

The following individuals authorize the release of their phone number and email to those who are interested in finding out more about this organization. Advisor office number will be the only one released if no others are listed here.

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____