



Student Organization Certification Form

I, _____, _____, of
Name Title
 _____, serving as the Faculty Advisor/Administrator of the
Department Name
 _____ on the campus of
Organization Name
 _____, certifies that this organization/association is a
School Name
 recognized student organization/association on campus and is overseen by the University/College and that they have
 completed all registration requirements for the _____ academic year.
Year 1 - Year 2

Their student organization/association tax identification number is: _____.
Tax ID Number

The officers for the organization include (please print):

 (President)

 (Treasurer)

 (Vice President)

 (Secretary)

Account Initiator:

Faculty Advisor/Administrator:

 Signature:

 Signature:

 Printed Name

 Printed Name

 Date

 Date

**A faculty advisor is someone employed by the school that oversees the student organization to ensure it adheres to the school standards.*