Student Organization Certification Form

I, __________________________________________, __________________________________________, of __________________________________________, serving as the Faculty Advisor/Administrator of the __________________________________________ on the campus of __________________________________________, certifies that this organization/association is a 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.*