2017-18 Signature Card Southwestern University

Authorized Signatures of Organizations Registered by the Student Activities Office

Name (Full name, printed)	Office Held	Email	Cell Phone #	Authorized Signature	
Please circle the category of you organization: 1. Departmental 2. Governing Bodies 3. Greek/Social 4. Religious	Yes or	No If no, briefly	state the purpos		
5. Sports/Athletics	Do you agree to	Do you agree to have your name and/or e-mail address published as the Student Organization contact on SU's web page? Yes or No If yes, please state your e-mail address: @ southwestern.edu Do you agree to have your likeness used in photographs on the Student Activities/Student Life website? Yes or No			
6. Scholastic/Honorary7. Special Interest8. Student Publications	your e-mail add Do you agree to				
Organization Advisor:					
Print Full Name Si	gnature	Department	<u>E</u> mai	1 Phone #	