

REQUEST FOR AN AGENCY ACCOUNT

This form should be sent to the controller's office after all the proper signatures are obtained. If there are any changes to the information listed below a new form should be submitted to the Controller's office.

Information

Full Title of Organization _____

Acronym (if applicable) _____

Purpose of Organization _____

Signors/Authorized Students _____

Advisor's Name _____

Expiration Date (if applicable) _____

Approvals / Signatures

Student Affairs

Advisor

Controller's Office

Agency Number _____

Date Assigned _____

Date Sent to Advisor _____

Controller - 7/2005