

New Organization Authorized Representatives Form

<http://deanofstudents.utexas.edu/sald/>

Only the members listed on an authorized representative sheet may represent the organization in official dealings with the University.

Regents' Rules (Part One, Chapter VI, Section 4.71) require that a list of authorized representatives be submitted as part of registration at the beginning of each semester, and that information will be kept current. **PLEASE NOTE:** The following is considered public information, except that the UTEID will not be included on any published list. The person completing this form must determine that each representative understands the information is available to the public.

Name of Organization: (please print) _____

Webpage Address: _____ E-mail Address: _____

Mailing Address : _____

City, State

Zip code

Phone

YOU MUST LIST AT LEAST THREE REPRESENTATIVES. PLEASE PRINT ALL INFORMATION.

PRINT NAME

UTEID

TITLE OF OFFICE

PHONE

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

UNIVERSITY ADVISOR: (optional) SALD highly recommends having an advisor, however they are not required. An advisor can help provide continuity and assist in designing and evaluating organization goals and activities. An advisor can also serve as a signatory on official forms when other authorized representatives are not available.

Name of University Advisor: _____ X _____
Signature required

Advisor's UT title _____ UT Dept _____

Office address: _____ Campus Mail code: _____ Phone: _____

I hereby certify that this organization 1) is active; 2) conducts its affairs in accordance with the Regents' Rules, University regulations and administrative rules; 3) has filed with SALD a list of any property it owns, leases or otherwise controls; and 4) that the above named persons have agreed for the information to be public.

_____ X _____
Print name of current authorized representative signature date

E-mail address (required)

