Student Activities and Leadership Development • Office of the Dean of Students • Division of Student Affairs • The University of Texas at Austin
Student Services Building (SSB), 4.400 • 512-471-3065 • **deanofstudents.utexas.edu/sald**

Authorized Representatives Form

Only members listed on an authorized representative sheet may represent the organization in an official capacity 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. **Note:** The following is considered public information, except that the UT EID 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 Student Organization *(Please print)* _____

Web Address _____ **E-mail Address** _____

Mailing Address _____
Street/PO Box *City, State* *Zip Code*

At least three (3) representatives MUST be listed. A total of ten (10) members may be authorized.
Please PRINT all information clearly.

Name	UT EID	Title of Office	Telephone	E-mail Address

UNIVERSITY ADVISOR: (*optional)* SALD highly recommends that organizations have an advisor, however this is not a requirement. 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.

University Advisor _____
Print Name *Signature*

UT EID _____ **Advisor's UT Title** _____ **UT Department** _____

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)** that the named persons have agreed for the information to be public.

Authorized Representative _____
Print Name (of authorized representative from above list) *Signature*

E-Mail Address *(Required)* _____