



Student Organization Request for Inactive Status

Statement of Intention: We hereby certify that *(name of student organization)* _____ wishes to become inactive.

Reason for Request for Inactive Status:

All Authorized Representatives (All columns MUST be completed for each officer listed in HornsLink):

Print Name	UT EID	Title of Office	E-mail

If you have an advisor:

Print Name	UT EID	Title of Office	E-mail

Name of Authorized Representative submitting form *(please print)*: _____

Signature of Authorized Representative submitting form: _____ **Date** _____

For Office Use Only:

Database	Received	Hornslink	RESO	EMS	Email/Safety Ed	UT Box
Staff Initials						
Date						