

Registered Student Organizations

CHANGE OF CONTACT PERSON FORM

If your club/organization has changed its name, address, telephone number or officers please fill in the appropriate change(s) below and return this form to Student Organizations at The Point, 101 Campus Center as soon as possible.

Date _____ **Club/Organization** _____

Primary Officer:

Officer:

Title: _____

Title: _____

Local Address _____

Local Address _____

Telephone _____

Telephone _____

E-mail _____

E-mail _____

Officer:

Officer:

Title: _____

Title: _____

Local Address _____

Local Address _____

Telephone _____

Telephone _____

E-mail _____

E-mail _____

Advisor _____

Local Address _____

Telephone _____

E-mail _____

Signature of Advisor

Date

President's Affirmation

I affirm that I am the duly elected President of the student organization named above. As President of the student organization named above, I agree, on behalf of the organization, its officers, and members, to observe and abide by the Code of Student Rights, Responsibilities and Conduct, all Oswego State policies, and local, state, and federal law. Furthermore, as President of the Student organization named above, I agree to be accountable to Oswego State for all actions and financial commitments of the organization.

Signature of President/Primary Officer

Date