

Student Finance Board
Organization Response Form

**By signing this form, you accept your responsibility as an organization Treasurer/ President/Advisor, as outlined in the Student Finance Board Manual Sections 4.1, 4.2 and 4.3. If at any time you have a question about your role within your organization and your responsibilities to the Student Finance Board, please contact an executive board member of the SFB for clarification.

As treasurer/president/advisor of _____,

I have read the Student Finance Board Manual and reviewed all the policies and procedures dealing with the use of Student Activities Funds. I am aware of, and accept, the duties and responsibilities of my position within the organization. **I realize that the Student Finance Board will not assume responsibility for expenses incurred by an organization that is in violation of SFB policy.**

Treasurer Name _____
(Please Print)

E-Mail _____

Treasurer Signature _____

Campus Phone # _____

Date _____

Cell Phone # _____

Advisor Name _____
(Please Print)

E-Mail _____

Advisor Signature _____

Campus Phone # _____

Date _____

Cell Phone # _____

President Name _____
(Please Print)

E-Mail _____

President Signature _____

Campus Phone # _____

Date _____

Cell Phone # _____