

Received by: _____
Date: _____

TERMINATION OF REGISTRATION AS A STUDENT ORGANIZATION FOR ACADEMIC YEAR ____ to ____

This form must be signed by three of the students currently listed as officers of this organization. If fewer than three students are able to sign this form, please use the back of the form to explain why.

Name of Organization	Date

Reason our organization is or will no longer be active	
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On behalf of this group, we the undersigned, terminate the registration of this student organization. In taking this action we understand the following:

- This organization will no longer be able to use University facilities, conduct business with the University, or have access to services and resources available to registered student organizations.
- If this organization applies for registration in the future, it will be considered a new group.
- The University is not liable and cannot be held responsible for any debts or obligations incurred by this organization. Please select below if you have bills that are currently owed by your group to the University:

<input type="checkbox"/> Conference & Event Services for facility use	<input type="checkbox"/> Center for Student Involvement
<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Campus Box Office
<input type="checkbox"/> Reprographics	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dining Services	<input type="checkbox"/> None/Unknown

You must provide **all** of the information requested here.

1.	Name:	Student ID:	
	Email Address:	Phone:	
	Signature:	Date:	
2.	Name:	Student ID:	
	Email Address:	Phone:	
	Signature:	Date:	
3.	Name:	Student ID:	
	Email Address:	Phone:	
	Signature:	Date:	