

Kutztown University of Pennsylvania  
**STUDENT ORGANIZATION SIGNATURE FORM**      **2011-2012**

By signing this form, this organization, its subordinate bodies, officers and advisors agree to abide by all applicable federal and state laws and University policies. At no time may we sign legal agreements, contracts or otherwise obligate Kutztown University or Student Services Inc. (KUSSI) with an outside vendor, agent or agency, etc. Furthermore, we shall not discriminate on the basis of race, color, age, religion, veteran's status, sex, national origin, or disability in our educational programs or activities.

We also grant permission to the Office of Student Union & Involvement Services to verify contact information, academic status, and disciplinary status as it pertains to this student organization. We further understand that contact information may be provided to other parties that have an interest in the development of, or can provide legitimate services for the organization.

Please contact the office for Student Union and Involvement Services, Inc. for assistance with contract negotiation.

**LEADERSHIP TEAM**

The following students will be recognized as the primary contacts for the organization listed above and accorded responsibilities and privileges offered by the University. Student leaders must list their **Kutztown University email address**, but can forward their mail account they choose. All officers must have at least a 2.0 cumulative grade point average to be eligible.

**President:** \_\_\_\_\_ **Secretary:** \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Local Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

**Vice President:** \_\_\_\_\_ **Parliamentarian:** \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Local Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Local Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

**ADVISORS**

By signing below, I agree to assist this student Organization with maintaining its active status over the course of the academic year. This includes, but is not limited to, reserving rooms, attending organization on and off campus functions, meetings, and programs; ensuring compliance with university and KUSSI policy, as well as state and federal laws; educating members regarding ethical behavior; ensuring adherence to the organizational constitution; and monitoring grade point averages of members and the leadership team. **Important Clery Act Information:** Due to your role as an advisor of a recognized student organization, you are considered a "Campus Security Authority" for the university. As such, you shall immediately report any crimes that you are made aware of to the Kutztown University Police.

**Advisor:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_