



Summer 2011 Release of Authorization

Name of organization: _____

Account number: _____

Effective begin/end date of release: _____

Name of advisor being authorized: _____

President's Signature: _____

President's E-mail Address: _____

Vice-President's Signature: _____

Vice-President's E-mail Address: _____

Treasurer's Signature: _____

Treasurer's E-mail Address: _____

Secretary's Signature: _____

Secretary's E-mail Address: _____

Advisor's Signature: _____

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