

The University of Arizona  
RECOGNIZED STUDENT ORGANIZATION  
Change of Information Form

Office Use Only	
Database	_____
LEAD UA	_____
DM Letter	_____
Website	_____

\* If you will also be reserving rooms, you must also fill out a "Room Reservation Form" in addition to this form.

Date: \_\_\_\_\_

Current Name of Student Organization: \_\_\_\_\_  
(As stated on Recognition Application. Please do not use abbreviations.)

New Name of Student Organization: \_\_\_\_\_  
(If applicable, all groups must also submit a constitution to reflect that name change)

**New President** (if applicable)

Name	Address	Zip	Phone	email address	Student ID#
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**New Treasurer** (If applicable)

Name	Address	Zip	Phone	email address	Student ID#
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**New Advisor** (If applicable)

Name	Title	Campus Address	Phone	E-mail
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**New Social Greek Letter Chapter Advisor** (If applicable)

Name	Address	City	Zip	Phone	E-mail
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**Advisor Signature:**

I have read the Advisor Responsibilities and Duties section of the Student Organization Handbook. I also affirm that I am a full time University of Arizona employee (full time employment is not a requirement for advising a Social Greek Letter Student Organization).

Organization Advisor Signature	Date
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**New Contact** (If applicable)

Name	Phone	E-mail
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**New Presidents**

You must read and sign the *Responsibility Agreement for Expenditures* and the *Family Education Rights and Privacy Act of 1974* on the back of this form.

**New Treasurers**

You must read and sign the *Responsibility Agreement for Expenditures* on the back of this form.

**New Advisors**

You must read and sign the *Family Education Rights and Privacy Act of 1974* on the back of this form.

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