AUTHORIZATION TO OPERATE AS A STUDENT ORGANIZATION

Name of student organization: __________________________________________________________
Description of organization: ____________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

ORGANIZATION EXECUTIVE

1. Name: ___________________________________________ Title: ____________________________
   Student Number: _____________________________________________________________
   Phone (main): ___________________________ Phone (cell): ___________________________
   Email: ________________________________________________________________

2. Name: ___________________________________________ Title: ____________________________
   Student Number: _____________________________________________________________
   Phone (main): ___________________________ Phone (cell): ___________________________
   Email: ________________________________________________________________

3. Name: ___________________________________________ Title: ____________________________
   Student Number: _____________________________________________________________
   Phone (main): ___________________________ Phone (cell): ___________________________
   Email: ________________________________________________________________

ORGANIZATION OF UNIT DEPARTMENT HEAD

I hereby authorize the formalization of this student organization. Through this authorization, I give permission for this organization to appoint a Booking Representative and request centrally scheduled classroom space through Scheduling Services. I understand that as signing authority for this organization, I accept full responsibility for the conduct and actions of the student(s) during booked events.

Name: ___________________________________________ Date: _____________________________
Signature: ________________________________________________________________

This form must be completed and returned to Scheduling Services via email (room.bookings@ubc.ca) the beginning of each academic year as well as prior to submission of a Student Group Booking Representatives form. For more information, contact room.bookings@ubc.ca.

SCHEDULING SERVICES_NONAMSAUTHORIZATION_11_09/16/13_MOILLA