



STUDENT ORGANIZATION OFFICER LISTING FORM

TO BE COMPLETED EVERY SEMESTER

Please complete this form and submit to the Office of Student Involvement, Room 3504 SU or studentorganizations@utoledo.edu.
By completing and submitting this form, you agree that your organization's contact information will be updated in the University's records. The PRIMARY CONTACT will receive all official communications about deadlines and other important announcements via their UT email address. Please type or print clearly. Attach additional pages as necessary.

Organization Name: _____

Organization Email (if applicable): _____

Organization Webpage (if applicable): _____

Organization Category: Academic Cultural/Social Greek
 Honorary Political Religious
 Service Special Interest Sports Club

Advisor's Name: _____ Email: _____

Advisor's Phone: _____

PRIMARY CONTACT NAME: _____ **Position/Title:** _____

UT Email Address: _____ Phone: _____

Street Address: _____ City: _____ St: _____ Zip: _____

2ND CONTACT NAME: _____ **Position/Title:** _____

UT Email Address: _____ Phone: _____

Street Address: _____ City: _____ St: _____ Zip: _____

3RD CONTACT NAME: _____ **Position/Title:** _____

UT Email Address: _____ Phone: _____

Street Address: _____ City: _____ St: _____ Zip: _____

4TH CONTACT NAME: _____ **Position/Title:** _____

UT Email Address: _____ Phone: _____

Street Address: _____ City: _____ St: _____ Zip: _____

5TH CONTACT NAME: _____ **Position/Title:** _____

UT Email Address: _____ Phone: _____

Street Address: _____ City: _____ St: _____ Zip: _____