

New Agency Account Information Form

Organization Name:

Advisor Name:

Advisor Address:

Advisor Campus Phone Number:

Purpose of Organization:

Signature of Advisor:

Signature of Approving SAO Representative:

Controller's Office Use Only

Index: _____ Fund: _____

Date Created: _____

Authorized By: _____

For questions or concerns, contact:
Student Activities and Organizations 237-3852 kfarris@isugw.indstate.edu