This organization would like to alter its name. By submitting this form the organization certifies that they have completed registration for this year as a VSO, or a SSO. Through this request, the organization must contact both the Office of Student Organization Account Services (SOAS) and the Center for Campus Involvement (CCI) to ensure that their published name matches the name on their SOAS account. A name change requires the approval of two authorized signers on this account.

SOAS account number: __________________________ Date: ____________

Present Name: ____________________________________________

Requested Name: __________________________________________

Authorized Signer 1
Signature

Authorized Signer 2
Signature

Authorized Signer 1
Print

Authorized Signer 2
Print

SOAS
Signature

CCI
Signature

SOAS
Print

CCI
Print