

School Year _____

Howard University
Office of Student Activities

CENSUS FORM
FOR RECOGNIZED STUDENT ORGANIZATIONS

Directions: Please complete this form in its entirety and return it to the Office of Student Activities, Suite 117 Blackburn Center each school year or in the case that the information changes.

I. CONTACT INFORMATION (List any local address and phone number that your organization has secured along with the president's address.)

Organizational Name _____

President's Name / ID# _____

Organization Mailing Address: _____

Alternate Mailing Address: _____

Phone Number _____

Phone Number _____

E-Mail _____

E-Mail _____

II. OTHER OFFICERS (Vice President, Financial Officer ...)

Position	Student Name and ID#	Phone Number	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Election Date _____ Number of Members _____

III. ON-CAMPUS ADVISOR (Required)

Name / Department / Position	Phone Number	E-Mail
_____	_____	_____

IV. NATIONAL AFFILIATION (If Applicable)

Contact Name / Title	Phone Number	E-Mail
_____	_____	_____

The following consent statement should only be signed by the President or Chief Executive Officer of the organization. As chief Executive Officer of the above named organization, I grant permission for my name, and if needed my contact information to be printed in publications from the Office of Student Activities, and/or released to the general public.

Signature _____ Date Submitted _____

Name (Print) _____