

**Office of Fraternity and Sorority Affairs
Alumni Roster**

Fraternity/Sorority _____ **Year:** _____

Chapter Advisor _____

Mailing Address _____

Phone Number (H) _____ (W) _____

Fax Number _____

E-Mail Address _____

Signature _____

House Corp. Officer _____

Mailing Address _____

Phone (H) _____ (W) _____

Fax Number _____

E-Mail Address _____

Regional/State Officer _____

Mailing Address _____

Phone (H) _____ (W) _____

E-Mail Address _____

Other Key Alumni (name & phone):

Recruitment _____

Financial _____

New Member _____

The following alumni are authorized to sign DOEs and other university documents:

Print Name Title Signature Date

Print Name Title Signature Date