

STUDENT ORGANIZATION PETITION FOR RECOGNITION

CALIFORNIA STATE UNIVERSITY, LOS ANGELES • ACADEMIC YEAR 2017-2018



WE, THE UNDERSIGNED, AGREE THAT:

Organization Name

SHOULD BE ACCORDED ON-CAMPUS RECOGNITION.
WE UNDERSTAND THAT THE PURPOSES AND OBJECTIVES OF THIS ORGANIZATION ARE:

Max : 200 Characters

THIS ORGANIZATION IS AFFILIATED WITH:

(Parent Organization or Affiliation, if applicable)

**WHICH IS NOT UNIVERSITY CONNECTED. WE FURTHER UNDERSTAND A SIGNATURE
ON THIS PETITION DOES NOT CONSTITUTE MEMBERSHIP IN THE ORGANIZATION.**

THIS PETITION MUST BE SIGNED BY AT LEAST 30 CURRENTLY ENROLLED OR CONTINUING CAL STATE LA STUDENTS.

NAME (PLEASE PRINT)	CIN	SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)
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Consent to Disclose Student Academic Records: Under provisions of the Family Educational Rights and Privacy Act of 1974, and the Statement of Student Rights and Responsibilities of California State University, Los Angeles, my signature gives permission to the Registrar's Office at California State University, Los Angeles to release academic information to the Director, Center for Student Involvement regarding my status as a currently enrolled or continuing student at Cal State LA. All academic information gathered on behalf of the Center for Student Involvement will be used for enrollment purposes only per the Student Organization University Recognition Requirements listed in the Student Organization Handbook, and be kept in strict confidence.

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NAME (PLEASE PRINT)

CIN

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

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