Signature Verification Form

Residence Hall Association

Quad Council: __________________________

The purpose of this form is to ensure that allocations for RHA funds at Quad Council meetings have been made with the full cooperation of that Quad Council’s Executive Board. The officers below are the only people permitted to sign for RHA funds for the above Quad.

Waiver: My signature below confirms my group’s agreement to comply with the rules and regulations in campus policy and Chancellor’s guidelines. I understand that violations of any rule or regulation may result in the suspension of the privileges of this group. It is also understood that as a registered organization, my group acts as a private affiliate and receives the privileges outlined in University policy and procedures. The University does not endorse the individual mission, goals or purposes of any group nor allows any group to act on behalf of the University.

Anti Hazing Rules and Regulations: I certify that part 535.5(1) of the Rules of the Board of Trustees (which prohibit reckless or intentional endangerment to health or forced consumption of liquor or drugs for the purpose of initiation into or affiliation with any organization) has been incorporated into the by-laws of this organization. I further certify that this organization shall review the by-laws annually with the individuals affiliated with the organization.

Quad Council Chair: __________________________
Print Name __________________________
Email Address (@stonybrook.edu) __________________________
Phone __________________________
Solar ID __________________________
Signature __________________________

Quad Council Chair (optional): __________________________
Print Name __________________________
Email Address (@stonybrook.edu) __________________________
Phone __________________________
Solar ID __________________________
Signature __________________________

Quad Council Vice-Chair (optional): __________________________
Print Name __________________________
Email Address (@stonybrook.edu) __________________________
Phone __________________________
Solar ID __________________________
Signature __________________________
Quad Council Treasurer: ____________________________  ____________________________
Print Name  Email Address (@stonybrook.edu)
__________________________  ____________________________
Phone  Solar ID  Signature

Quad Council Treasurer (optional): ____________________________
Print Name  Email Address (@stonybrook.edu)
__________________________
Phone  Solar ID  Signature

Quad Council Secretary: ____________________________
Print Name  Email Address (@stonybrook.edu)
__________________________
Phone  Solar ID  Signature

Quad Council Secretary (optional): ____________________________
Print Name  Email Address (@stonybrook.edu)
__________________________
Phone  Solar ID  Signature

Quad Council Advisor: ____________________________  ____________________________
Print Name  Phone
__________________________  ____________________________
Email Address (@stonybrook.edu)  Signature

Quad Council Advisor (optional): ____________________________
Print Name  Phone
__________________________
Email Address (@stonybrook.edu)  Signature