

WEB ACCOUNT AUTHORIZATION FORM

Return to University Activities Office, Student Center, L104

Name of Organization: _____ Date _____

- We need to: Have our organization's login password reset.
 Establish an account and login for our organization's web page(s).

Web Coordinator (*please print*) _____
(Must be a UW-Parkside student.)*

Web Coordinator Email Address (*please print*) _____
(Must be a UW-Parkside email address.)*

Authorization Signatures:

Organization President

Organization Advisor

OFFICE USE Processed by: _____ Date: _____
