

# CLUB OFFICER CERTIFICATION FORM

**ACOM - Office of the Registrar**  
**445 Health Sciences Blvd., Dothan, AL 36303**  
**Phone: 334-699-2266 • Fax: 334-944-4002**



Club Name: \_\_\_\_\_

Office Desired: \_\_\_\_\_ Class of: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Class Level: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Phone number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CERTIFICATION

Student meets the minimum standards to serve as an officer of the above listed club/organization

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_