

SOFAS ADDRESS UPDATE FORM

Please print legibly or type. Please provide accurate information for this address to be updated. The **signature** of an authorized signor on this account is required before changes can be accepted.

DATE: _____

ORGANIZATION NAME: _____

ORGANIZATION #: _____

SIGNATURE: _____

Name and new address where mail, including monthly account statement should be sent.

E-MAIL ADDRESS: _____

If you have any questions, please call the SOFAS Coordinator at (785) 864-5942

Please return this form to: Central Accounting and Purchasing Services (CASPUR) Office
Student Organization Financial Accounting System (SOFAS)
Room 7
Carruth-O'Leary Hall