

FRATERNITY/SORORITY/COOPERATIVE: _____ DATE: _____

PURDUE UNIVERSITY - OFFICE OF THE DEAN OF STUDENTS
ENCUMBRANCE REMOVAL FORM

Complete the information below and submit to the Fraternity, Sorority and Cooperative Life Office in KRCH 229, after the student has paid his/her encumbrance to the organization.

_____ requests that _____
(name of group) (student's FULL name)

_____ residing at _____
(student's PUID #) (complete address)

have his/her encumbrance removed in the amount of \$ _____.

President's signature required

Treasurer's signature required

President, please print name

Treasurer, please print name

Phone Number _____

Phone Number _____

Person submitting form: _____ Position: _____ Phone: _____

OFFICE USE

Encumbrance Removal Date

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