

# Georgia Institute of Technology

## Student Organization Copy Code Agreement Form

Organization: _____	Advisor: _____
Officer Title: _____	Department: _____
Officer Name: _____	Mail Code: _____
Phone #: _____	Phone #: _____
E-Mail: _____	Email: _____
Campus Box: _____	

### PLEASE ANSWER THE FOLLOWING QUESTIONS

- Do you have a current alcohol policy and student organizations update form on file with the Student Organizations Office? Yes No
  
- Do you understand if you do not pay your copy bill it could result in your charter being revoked? Yes No
  
- Do you agree to be responsible for your photo copy bill? Yes No
  
- Do you agree that your copy code will only be used by members of your organization and if you give your code to non-members it will result in loss of copying privileges? Yes No
  
- Do you agree to utilize the copier only for student organization business and not for personal usage? Yes No

**Bills will be sent to the president on a quarterly cycle. Payment should be made in full within 10 business days.**

OFFICER'S SIGNATURE: \_\_\_\_\_  
OFFICER'S NAME: \_\_\_\_\_  
OFFICER'S TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

<b>OFFICE OF STUDENT INVOLVEMENT USE ONLY</b>	
VERIFIED BY: _____	DATE: _____