

Student Unions & Activities

UNIVERSITY OF MINNESOTA

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REQUEST FOR STUDENT GROUP DOCUMENTS FORM

Requestor (print name): _____

Date of request: _____

Requestor e-mail: _____

Requestor address: _____

Requestor phone: _____

Student Group (for document request): _____

Reason for request (optional): _____

Documents requested (check all that apply):

- _____ Student Group Constitution/Bylaws
- _____ Historical Registration Documents
- _____ Complaint/Incident Documents
- _____ Other (please describe): _____
- _____

Requestor signature: _____

FOR STUDENT UNIONS & ACTIVITIES USE ONLY

Received by: _____

Date received: _____

Approved/denied by: _____

Date approved/denied: _____

Reason for denial (if applicable): _____

Date documents provided (if applicable): _____