



THE OFFICE OF STUDENT LIFE  
**Adviser Confirmation**

\_\_\_\_\_  
Student Organization

\_\_\_\_\_  
Adviser Name

\_\_\_\_\_  
Name of Student Contact

\_\_\_\_\_  
Email/Phone Number of Student Contact

**Check One:**

I am an employee of Coastal Carolina University  
*(Use Section 1&3)*

I am a non-CCU employee/volunteer  
*(Use Section 2&3)*

(Initial below)

**SECTION 1 - CCU EMPLOYEES**

\_\_\_\_\_ As a CCU employee, I will undergo a background check if I have not already done so.

**SECTION 2 - NON CCU EMPLOYEE/VOLUNTEER (contact Jessica Combess at [jcombess@coastal.edu](mailto:jcombess@coastal.edu))**

\_\_\_\_\_ As a non-CCU employee/volunteer, I understand that my involvement in this organization is subject for approval by the designated University representative.

\_\_\_\_\_ As a non-CCU employee/volunteer, I understand that I am subject to a background check and have completed the appropriate form.

\_\_\_\_\_ As a non-CCU employee/volunteer, I have completed the following forms:

Confidentiality Agreement for Non-employees and Volunteers

Liability Release

**SECTION 3 – ALL ADVISERS**

\_\_\_\_\_ I understand and will follow the adviser responsibilities as outlined in the Student Organization Handbook.

**Type of Adviser Confirmation:**

\_\_\_\_\_ Re-Registration of a continuing organization

\_\_\_\_\_ New Adviser

\_\_\_\_\_ New Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position/Office/Department (if applicable)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Campus Address (employees) or off-Campus Address (non-CCU Employees/Volunteers)

\_\_\_\_\_  
Office phone (if applicable)

*\*\*This information is purely for administrative purposes. No information will be shared with students or members of the campus or at-large community*