

Ball State University
Office of Greek Life

Encumbrance Submittal Form

Fraternity/Sorority: _____ Date: _____

I have personally notified the student, in writing, that he/she is being encumbered. Yes: No:
I have attached a copy of the letter to the student informing him/her that he/she is being encumbered: Yes: No:
I have attached a copy of the contract signed by the student. Yes: No:

Signed: _____ Printed Name: _____

Office/Position: _____ Date: _____

Complete the information below and submit this completed form along with a copy of the completed, signed contract stating the date payment was due, and a copy of the written notification of encumbrance to Greek Life, Student Center Room 133.

_____ requests that _____, _____
Name of fraternity/sorority Student's FULL name Student ID #

residing at _____ be encumbered for
Complete address
the amount of \$ _____ (the minimum amount of an encumbrance will be placed for is \$25.00).

This amount is itemized as follows:

Room: \$ _____ Board: \$ _____ Parlor/Live-Out Fees: \$ _____

We certify that the above-named student is indebted to our group for rent payments and/or board charges, under a written and signed contract (copy attached).

President's signature required

Treasurer's signature required

President, please print name

Treasurer, please print name

Phone

Phone

Home phone

Home Phone

E-mail

E-mail

OFFICE USE: Staff _____ (initial) Date: _____ Approved: Yes: No: (explain on reverse)

Date Payment was due: _____ 30 days past due? Yes: No:
Date Notification was given: _____ 15 days notice? Yes: No: