



## **Fraternity Board Transfer Form**

I, \_\_\_\_\_ (Student Number \_\_\_\_\_), hereby agree to transfer the remainder of my board plan for the \_\_\_\_\_ semester of 2009-2010 from Albion College to \_\_\_\_\_ fraternity. I further agree and understand that once the remaining board payment is reimbursed to me from Albion College, \_\_\_\_\_ fraternity shall accept and exercise full responsibility for said remainder of the board payment. I also understand that my Albion College account must reflect a credit in order for this refund to be granted.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Please return this form to the Campus Programs and Organization Office,  
3<sup>rd</sup> Floor Kellogg Center, Attn: Jenny Greyerbiehl**

Assistant Director for Greek Life: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Life Verification: \_\_\_\_\_ Date: \_\_\_\_\_