

**Fraternity Board Transfer Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), hereby agree to transfer the remainder of my board plan for the\_\_\_\_\_\_\_\_\_\_ semester of 2019-2020 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,**

**3rd Floor Kellogg Center**

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

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