



# Officer Resignation Form

I, \_\_\_\_\_, hereby resign from the office of

\_\_\_\_\_, of the Student Association recognized

organization of \_\_\_\_\_, effective the

date of \_\_\_\_\_.

\_\_\_\_\_  
Resigning Officers Signature

\_\_\_\_\_  
SA Vice President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Offices of the Student Association:** Campus Life Building, Suite 180, DeKalb, Illinois 60115-2854

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