

Date:

By my signature, I hereby relinquish my position(s) in any professional or student organization or society at the UNT Health Science Center (as indicated below) effective immediately.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Office

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Office

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Office

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Office

NOTE: Please return signed form to the Office of Student Development (SSC 204) either in person or e-mail to [studentdevelopment@unthsc.edu](mailto:studentdevelopment@unthsc.edu).