

## Change of RIO Designated Representatives Form

**This form should be filled out if there are any changes to the 6 designated representatives taking responsibility for the RIO, during the course of an academic year.**

- ❖ **This change must be requested by one of the 6 individuals currently designated as representatives of the organization.**
- ❖ **Identify the names of 6 designated individuals currently enrolled or employed at UH Mānoa (UHM) who will be responsible for the RIO.** These individuals are authorized to assume responsibility for the organization.

All requested items on the form must be completed. Incomplete forms will be returned to the current RIO contact person.

**Please submit completed forms to the SLD Office in Campus Center 208 for approval.**

**CHANGE OF RIO DESIGNATED REPRESENTATIVES**

NAME OF ORGANIZATION: \_\_\_\_\_

Date submitted: \_\_\_\_\_ \*Person Requesting Change: \_\_\_\_\_  
(\*The person requesting this change must be one of the 6 designated representatives on-file with the SLD office.)

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Contact Person \_\_\_\_\_ \*8-digit UH Number \_\_\_\_\_

Contact Person's Mailing Address \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

The designated contact person is required to attend an RIO Orientation session with the SLD Office. **Has the contact person listed above attended an RIO Orientation session?** \_\_\_\_\_. If yes, date: \_\_\_\_\_ If no, please contact the SLD office to sign up for an orientation session.

The designated contact person is required to sign the "Agreement for a Registered Independent Organizations" Form. **Has the contact person listed above previously signed the agreement on behalf of this organization?** \_\_\_\_\_ (yes/no). If no, please sign and submit the agreement with this renewal application. The agreement is available at the [www.hawaii.edu/caps/rio/rioforms](http://www.hawaii.edu/caps/rio/rioforms)

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2. \_\_\_\_\_ \*8-digit UH Number: \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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3. \_\_\_\_\_ \*8-digit UH Number: \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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4. \_\_\_\_\_ \*8-digit UH Number: \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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5. \_\_\_\_\_ \*8-digit UH Number: \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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6. \_\_\_\_\_ \*8-digit UH Number: \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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\*To obtain your UH number go to the following URL: [www.hawaii.edu/account](http://www.hawaii.edu/account). After logging in, you will be able to retrieve your 8-digit UH number.

**IMPORTANT: Officers or designated representatives listed above must review and sign below. By signing, the organization's officers or designated representatives certify that:**

- a. The information provided in this application and additional registration agreements are accurate and that the Student Life and Development (SLD) office will be notified of any changes to this information **in writing** by the person who signed the "Agreement for a RIO."
- b. A roster of the organization's current members will be completed and submitted.
- c. The administrative policies governing Registered Independent Organizations ("Agreement for a RIO") have been received, will be complied with, and will be communicated to all members of the organization.
- d. The organization will not engage in discriminatory membership practices based upon race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era, except as exempted by federal, state, and county laws.
- e. The individuals listed above authorize the University to release their names, addresses, phone numbers, and email addresses as the designated representatives of this organization. They may be held personally liable, collectively or individually, for any debts or obligations owed to the University by this organization. Financial obligations may be placed on them should such action be deemed appropriate by the Student Life and Development (SLD) office.
- f. INDEMNIFICATION: This organization shall indemnify, defend, and hold harmless the University of Hawai'i known hereafter as UNIVERSITY and the State of Hawai'i known hereafter as the STATE, and their officers, employees, agents, or any person acting on their behalf from and against: (1) any claim or demand for loss, liability or damage, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, arising from any act or omission of this organization, its officers, employees, or agents connected with the performance of this agreement, except liability arising out of the negligence of the UNIVERSITY or its employees; (2) all claims, suits, and damages by whomsoever brought or made by reason of the nonobservance or nonperformance of any of the terms, covenants, and conditions herein or the rules, regulations, ordinances, and laws of the federal, state, municipal, or county governments. Furthermore, this organization shall reimburse UNIVERSITY and STATE, and their officers, employees, agents, or any person acting on their behalf for all attorneys' fees, costs, and expenses incurred in connection with the defense of any such claims.
- g. If this RIO is renewing its registration from the previous year and is in good standing the RIO need not attend the orientation if the contact person has already attended one. Note: all new members of the organization are strongly encouraged to attend an orientation session to learn about their responsibilities.

**We the undersigned certify that we have read the above listed information and accept responsibility for:**

**NAME OF ORGANIZATION:** \_\_\_\_\_

Signatures of officers or designated representatives must be affixed in the same order as listed on the previous page.

|                                             |                    |
|---------------------------------------------|--------------------|
| (1) Main Contact Person _____<br>Print Name | _____<br>Signature |
| (2) _____<br>Print Name                     | _____<br>Signature |
| (3) _____<br>Print Name                     | _____<br>Signature |
| (4) _____<br>Print Name                     | _____<br>Signature |
| (5) _____<br>Print Name                     | _____<br>Signature |
| (6) _____<br>Print Name                     | _____<br>Signature |

|                      |                  |                     |
|----------------------|------------------|---------------------|
| For Office Use Only- |                  |                     |
| Orientation: _____   | Agreement: _____ | SLD Approval: _____ |