



SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____ Campus Box: _____

Requestor: _____ E-mail Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Designee Changes:

The Individual(s) whose signatures appear below are authorized to approve all transactions for the systems indicated, on my behalf, for:

Organization: _____

Designees:

Effective Date	Name & Title	System	Employee ID	User ID	Action	ELR Approval (Y, N)	Delegate Signature

Notes/Limitations: _____

Signature Authority Changes:

The signature authority for Organization _____ has changed:

From: _____ To: _____ Aggie ID: _____

Effective: _____

SECTION 3: OFFICIAL APPROVAL

Dean/VP/CC President Print Name: _____ Signature: _____ Date: _____
(Delegates not authorized to sign)

Controller Print Name: _____ Signature: _____ Date: _____

HR Services Print Name: _____ Signature: _____ Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by - Print Name: _____ Signature: _____ Date: _____