



**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: \_\_\_\_\_