

Signature Authorization Form

Return the completed form to IO U campus mail 0214, or FAX to 231-3583

This form is for adding a Department Head (Dean or Director) or a Department Head Alternate and their signature card to the IO U authorization database. A complete entry in the database is required by IO U to process any forms or E-mail requests that require authorization by a Dean, Director or Department Head.

— Department Information

Department Name: _____

Department Number (all 6 digits): _____ Date (mm-dd-yyyy): _____

Signature Card is to add a:

Department Head:

Department Head Alternate*:

— Signature Card (NOTE: please use black ink)

Name (please print)

VT ID Number

Signature

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*NOTE: If this is for an Alternate Department Head an existing authorized Department Head needs to fill out the following section to approve the addition.

— Authorization to Add Department Head Alternate

Department Head Name (Please Print): _____

Department Head VT ID Number: _____

Department Head Signature: _____

IO U Use Only - Completion Date: _____

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