



Office of the General Counsel

777 Glades Road, AD-370

Boca Raton, FL 33431

tel: 561.297.3007

fax: 561.297.2787

<http://www.fau.edu/generalcounsel>

Delegation of Signature Authority

| | |
|--|---------------------------------|
| Date: | |
| Person Delegating Signature Authority: | |
| Title: | |
| Person to Whom Signature Authority is Delegated: | |
| Title: | |
| Div/Dept/College: | |
| Duration: Insert dates or check "until revoked" | _____ to _____ OR Until Revoked |
| Limitations or exclusions (if any): | |
| Other notes: | |

Signature of Delegating Authority: _____

All signature delegations automatically expire without further action if the person to whom authority has been delegated leaves FAU or changes positions within FAU.

| | |
|---|-----------------------|
| All delegations may be revoked by the delegating party or his/her successor at any time by signing below: | |
| Signature Revoking Authority: | By: _____ Date: _____ |
| | Title: _____ |

All final delegations and revocations should be directed to the Office of the General Counsel