



Signature Registration Card

Type or print information

Last Name: _____ First: _____ M: _____

Campus/Home Address: _____

Campus/Home Phone: _____ Z Number: _____

Dept: _____

Effective Date of Signature: _____ Student – Y or N Please circle.

Please use a dark pen and keep signature inside the above block.

1. Signature Registration Card

This form registers an individual's signature in the system. It is not associated with a particular account. Once an individual signs the registration form, it is not necessary to sign additional forms as new authorizations are granted. Return original form to Lora Stern, Controller's Office room 149.

NOTE: A copy of this form initialed and dated by the Controller's Office staff member will be sent to you to serve as a confirmation of your request/update.

Scanned by: _____ **Date:** _____