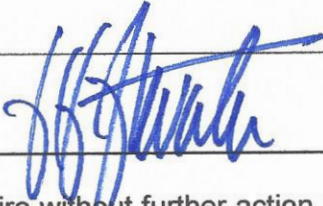




Delegation of Signature Authority

Date:	8/28/17
Person Delegating Signature Authority:	Jeff Atwater
Title:	VP of Strategic Initiatives + CFO
Person to Whom Signature Authority is Delegated:	Jessica Cohen
Title:	Assistant VP for Fin. Affairs + Univ Controller
Div/Dept/College:	Financial Affairs / controller's office
Duration: (Insert dates or circle "until revoked")	_____ to _____ OR <u>Until Revoked</u>
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: _____