



Delegation of Signature Authority

Date:	5/16/19
Person Delegating Signature Authority:	Bret S. Danilowicz
Title:	Provost and Vice President for Academic Affairs
Person to Whom Signature Authority is Delegated:	Russ L. Ivy
Title:	Associate Provost
Div/Dept/College:	Office of the Provost/Academic Affairs
Duration: (Insert dates or circle "until revoked")	5/16/19 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: _____