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**Delegation of Signature Authority**

|  |                                 |
|--|---------------------------------|
| Date:  | 3/4/2026                        |
| Person Delegating Signature Authority:             |                                 |
| Title:   |                                 |
| Person to Whom Signature Authority is Delegated:   |                                 |
| Title:   |                                 |
| Div/Dept/College:                                  |                                 |
| Duration:<br>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