

### Delegation of Signature Authority

Date:	
Person Delegating Signature Authority:	Adam Hasner
Title:	University President
Person to Whom Signature Authority is Delegated:	Todd Reid
Title:	Chief of Staff
Div/Dept/College:	
Duration: Insert dates or check "until revoked"	_____ to _____ OR Until Revoked <input checked="" type="checkbox"/>
Limitations or exclusions (if any):	
Other notes:	

Signature of Delegating Authority: \_\_\_\_\_

*Adam Hasner*

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