



**Office of the General Counsel**

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**Delegation of Signature Authority**

Date:	
Person Delegating Signature Authority:	
Title:	
Person to Whom Signature Authority is Delegated:	
Title:	
Div/Dept/College:	
Duration: 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