



Office of the General Counsel  
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**Delegation of Signature Authority**

Date:	
Person Delegating Signature Authority:	<b>Stacy Volnick</b>
Title:	<b>Interim President</b>
Person to Whom Signature Authority is Delegated:	<b>Russell Ivy</b>
Title:	<b>Interim Provost, Vice President</b>
Div/Dept/College:	<b>Academic Affairs</b>
Duration: Insert dates or check "until revoked"	<u>7/1/2023</u> to <u>6/30/2024</u> OR Until Revoked <input checked="" type="checkbox"/>
Limitations or exclusions (if any):	
Other notes:	

Signature of Delegating Authority:  7/13/23

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