

Faculty Student Association
Signature Authorization
Fiscal Year 14-15

Request From: _____ Date: _____
(FSA Account Designee)

Campus Contact Info: _____

Campus Phone or Ext.: _____

FSA Sub Account Name/#: _____

Please complete the following information:

Primary Designee:

Name Print

Signature

Secondary Designee: (Optional)

Name Print

Signature

I hereby give authorization to the individual (s) named above, Subject to the Limitations Noted:

Department Head

Date