



OSUF Signature Authorization Change Request Form

INSTRUCTIONS:

Please complete boxes below (type or print)

Submit this form including the applicable authorization memo referred to below to the following email address:

OSUFsignatureauthorization@osugiving.com

SUBMITTED BY:

Name		Department	
Please check campus location	<input type="checkbox"/> Stillwater <input type="checkbox"/> Tulsa <input type="checkbox"/> OKC <input type="checkbox"/> CHS <input type="checkbox"/> IT	Title	
		Campus Address	
		Campus Phone	
College/Unit		Campus Email	
Reason for change:			

***APPROVED BY:**

Signature:			
Name: (Print or type)	Title:	Phone:	

*** Must be approved by Administrative signature or higher level.**

Choose One: **Project(s) Change**
 Complete Signature Authorization–Project(s) Form and attach to this form **

College/Department(s) Change
 Complete Signature Authorization-College/Dept(s) Form and attach to this form **

****Form must be printed on departmental letterhead**

For Foundation Use Only:	<input type="checkbox"/> Entered into FE	<input type="checkbox"/> Scanned into DMS
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