

**OSU FOUNDATION SIGNATURE AUTHORIZATION – COLLEGE/DEPARTMENT(S)**

**DATE:**

**TO:** OSU Foundation

**FROM:**

**SUBJECT:** OSU Foundation Signature Authorization—College/Department(s)

This will serve as confirmation that the name(s) below should be accepted as the final administrative authorizing signature on all Foundation transactions processed through the College/Department(s) listed as of the effective date shown.

College/Department(s)	Name	Title

This confirmation is effective:

Please have all individuals with administrative authority for the College/Department(s) listed above sign in the appropriate space(s) below (print name and title under signature line). Once complete please forward signed form to the email address below. Questions regarding this form can also be sent to the following email address:  
[OSUFSignatureAuthorization@osugiving.com](mailto:OSUFSignatureAuthorization@osugiving.com)

**Administrative Signature(s):**  
(Appropriate President, Vice President, Dean or his/her Designee)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_