

To: Whom it May Concern

From:

Date:

Subject: Signature Authority Delegation

I hereby authorize _____,

to have authority to sign on my behalf. This will apply to the following types of documents/business:

This will apply to the following departments/divisions:

This authorization will be in effect from _____ through _____

X _____

This form must be "From" and signed by the original, official Department/Division Head. A designee does not have the authority to approve additional designees.

Once completed, this form should be emailed to: AVPBusOps@uhcl.edu

Updated 02/28/2022



University
of Houston
Clear Lake

2700 Bay Area Blvd.
Houston, TX 77058
www.UHCL.edu