

Signature Authorization Form

Return the completed form to IMS, campus mail 0214, or FAX* to (see note)

This form is for adding a Department Head (Dean or Director) or a Department Head Alternate and their signature card to the IMS authorization database. A complete entry in the database is required by IMS to process any forms or E-mail requests that require authorization by a Dean, Director or Department Head.

***NOTE**: we can process a FAX faster but we still require the original copy in the mail to verify and scan the signature card our FAX# is 231-3583

■ Department Information

Department Name: _____

Department Number (all 6 digits): _____ Date (mm-dd-yyyy): _____

Signature Card is to add a (choose only one do **not** leave blank):

Department Head: Department Head Alternate** :

■ Signature Card (NOTE: please use black ink)

Name (please print)

VT ID Number

Signature

.....

****NOTE**: If this is for a Department Head Alternate an existing authorized Department Head needs to fill out the following section to approve the addition. If you did **not** check the Department Head Alternate box leave the following section BLANK. Department Head Alternates **cannot** approve the addition of other alternates.

■ Authorization to Add Department Head Alternate

Existing Department Head Name (Please Print): _____

Existing Department Head VT ID Number: _____

Existing Department Head Signature: _____

IRM Use Only - Completion Date: _____