

Received at University Foundations:



Prepared By:

Department:

Phone #:

Date:

UNIVERSITY OF SOUTH CAROLINA  
**FOUNDATIONS**

Signature Authority Change Form

For Foundations Check Request Forms

Please update the signature authority as follows for (select one):

☐ All Foundations Projects for this College/Division: \_\_\_\_\_

☐ All Foundations Projects for this Department: \_\_\_\_\_

☐ These specific Foundations Projects only: \_\_\_\_\_

**New Signer(s) to Add (PLEASE PRINT) :**

Name: \_\_\_\_\_ Original Sample Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ Original Sample Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ Original Sample Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ Original Sample Signature: \_\_\_\_\_

Title: \_\_\_\_\_

***When adding a new Department Chair, Director, Dean, etc., Foundations will automatically remove the prior incumbent unless specifically directed otherwise.***

***Please remember that Foundations requires original signatures on all Check Request Forms and cannot accept signatures done on behalf of others.***

Approved by existing signer (at the same or higher level) or Business Manager:

\_\_\_\_\_ Date: \_\_\_\_\_