



UNIVERSITY OF GEORGIA FOUNDATION

Signature Authority Form

Effective Date

Unit/School/College

Delegator Name

Title

Email Address

Link to: [UGAF Signature Authority Policy](#)

In accordance with the UGA Foundation's Signature Authority Policy, the individuals listed below are authorized to sign on my behalf for all UGA Foundation Accounts associated with the unit, school, or college, unless otherwise specified in the Notes for a specific Designee.

This document replaces any previous documents relating to signature authority for foundation accounts.

Designee 1

Name	_____	Title	_____
Email Address	_____	UGAF@Work Cost Center	_____
Notes	_____		
Signature	_____		

Designee 2

Name	_____	Title	_____
Email Address	_____	UGAF@Work Cost Center	_____
Notes	_____		
Signature	_____		

Designee 3

Name	_____	Title	_____
Email Address	_____	UGAF@Work Cost Center	_____
Notes	_____		
Signature	_____		

Designee 4

Name	_____	Title	_____
Email Address	_____	UGAF@Work Cost Center	_____
Notes	_____		
Signature	_____		

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Delegator Signature _____

Date _____

Please submit completed form to: askfsap@uga.edu