



UNIVERSITY OF OREGON  
FOUNDATION

## Signature Verification

Use this form to give specimen signatures for those authorized to sign requests related to the accounts listed. Signers must be employees of the University of Oregon or the UO Foundation.

Prepared by (name)  
Department

Phone #  
Request date

- ☐ This is for all division number \_\_\_\_\_ accounts (if yes, skip to Reason)  
☐ This is for all department number \_\_\_\_\_ accounts (if yes, skip to Reason)  
☐ This is for the following accounts only
- | Account # | Account name |
|-----------|--------------|
|-----------|--------------|

Reason (check one)

☐ To REMOVE current signer:

\_\_\_\_\_  
Name (printed)

☐ To ADD new signer:

\_\_\_\_\_  
Signature of new signer

\_\_\_\_\_  
Name (printed)

☐ To establish a NEW account (all authorized signers should appear below)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

### Approval

*I am aware that this constitutes delegation of authority to sign on my behalf but does not alleviate me of full responsibility.*

\_\_\_\_\_  
Signature of VP, Dean, Director or Dept Head

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### UO Foundation Processing

Date received

Entered by