UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST TO CHANGE AUTHORIZED PROJECT SIGNER

PROJECT NUMBER: _____

PROJECT NAME: _____

If you are changing more than one project, list all affected project numbers and names on a separate page and attach to this document.

Reason for change: ☐ **Add signature**

☐ **Delete signature** **Signature to delete:** _____

Change approved by: _____

AGREEMENT

By my signature below, I agree to abide by the terms of the operating or gift agreement as applicable to the account(s).

SIGNATURES

SIGNATORY 1

Typed or Printed Name — Phone Number

Title — Department, Building, Room Number, Campus

Date: _____ Signature — E-Mail Address

SIGNATORY 2

Typed or Printed Name — Phone Number

Title — Department, Building, Room Number, Campus

Date: _____ Signature — E-Mail Address

SIGNATORY 3

Typed or Printed Name — Phone Number

Title — Department, Building, Room Number, Campus

Date: _____ Signature — E-Mail Address

Return completed document to:

U of A Foundation, 535 Research Center Blvd., Ste 120 Fayetteville, AR 72701 * Campus address - INOV 120 * Fax 479-575-2284