

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST TO CHANGE PROJECT INFORMATION**

To change the Project Signer, please complete Form UAFound 002.

PROJECT NUMBER: _____

PROJECT NAME: _____

Please change the Project Name on the above project to:

Your request will be reviewed and may require additional documentation.

Please change the instruction for the quarterly earnings distribution on the above project to:

AUTHORIZED BY:

PROJECT SIGNATORY: _____

DATE:

Return completed form to:

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

FOUNDATION USE ONLY:
REV BY:

DATE: