

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

Campus: SYSTEM UAF FCF ADC UALR UAMS UAM UAPB CI UACCB UACCM

Individual Project Level

Project ID: _____

Project Description: _____

OR

Hierarchy Level

College Name: _____

College No: _____

Department Name: _____

Department No: _____

SubDepartment Name: _____

SubDepartment No: _____

AGREEMENT

By my signature below, I agree to abide by the terms of the operating or gift agreement as applicable to the project(s) and attest that there are no conflicts of interest.

SIGNATURES

SIGNATORY 1

Add

Typed or Printed Name

Phone Number

Delete

(requires name/title only)

Title

Department, Building, Room Number, Campus

Date: _____

Signature

E-Mail Address

SIGNATORY 2

Add

Typed or Printed Name

Phone Number

Delete

(requires name/title only)

Title

Department, Building, Room Number, Campus

Date: _____

Signature

E-Mail Address

SIGNATORY 3

Add

Typed or Printed Name

Phone Number

Delete

(requires name/title only)

Title

Department, Building, Room Number, Campus

Date: _____

Signature

E-Mail Address

School/College Review: _____

Date: _____

Fiscal Review: _____

Date: _____

(Chancellor/Vice President or Authorized Designee)