

NOTICE OF DELEGATION OF AUTHORITY - TO RECEIVE DISTRICT ASSETS		DATE	
AUTHORITY REPRESENTATIVE (S)			
CAMPUS/DEPT RECEIVING ASSETS	ADDRESS		
PRINT: LAST NAME - FIRST NAME - MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS
	REC	T/I	
AUTHORIZATION BY RESPONSIBLE PRINCIPAL, DIRECTOR, SUPERVISOR			
THE UNDERSIGNED HEREBY DELEGATES THE AUTHORITY TO THE ABOVE INDIVIDUAL(S) TO RECEIVE AND TURN IN DISTRICT ASSETS			
REMARKS:			
I ASSUME FULL RESPONSIBILITY			
CAMPUS CODE/ORG NUMBER:	NAME OF CAMPUS:		
LAST NAME - FIRST NAME - MIDDLE INITIAL:	TITLE:	TELEPHONE NUMBER:	SIGNATURE: