



INDIANA COMMISSION *for*
HIGHER EDUCATION

DESIGNEE AUTHORIZATION FORM

I request that the individual named below have designated authority to sign on my behalf in my capacity as _____ (Title). The designee is granted authority to sign Perkins V reimbursement requests, asset request and budget modifications.

(Print or Type Name)

(Title)

(Signature)

(Date)

Authorized Designee(s)

(Print or Type Designee Name)

(Designee Signature)

This authorization is effective until July 1, 2025