

***Federal Work Study Program***

***Agency Authorized Signatures***

Please indicate below the persons who will be authorized to sign Hiring Agreements, Time sheets, etc.

Name	Title	Signature

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE SUBMIT A NEW AUTHORIZED SIGNATURES FORM EACH TIME  
 THERE IS CHANGE**