

THE UNIVERSITY OF TEXAS
HEALTH SCIENCE CENTER AT SAN ANTONIO

Request for Authorization of Signature

Date _____

Department or Grant _____

I request that the signature of _____

be honored for the accounts listed below for the period _____

through _____. Current authorized signature (should, should not)
be deleted.

Specimen Signature

Approved: _____
Access Control Executive (ACE)
(for account numbers listed below)

Remarks:

Account Numbers

Titles