## CHANGE IN AUTHORIZED SIGNATORY FORM

Complete the Add or Delete information below. Scan and send via the Contact Us Form.

Date: \_\_\_\_\_

Name of IHE

Name of Individual Completing Form

Title/Position

Email Address

Telephone Number

## Adding a New Authorized Signatory

The individual named below is authorized to sign the following documentation on behalf of our institution:

Subject Matter Equivalency Letters: Specify subject(s) \_\_\_\_\_

CL-469 Fc	orms		
Other:			

Effective Date:		

Name:\_\_\_\_\_

Signature:	
•	

Telephone Number: \_\_\_\_\_

Email Address:
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## Deleting an Authorized Signatory

The individual named below is no longer authorized to sign on behalf of our institution. Please place an inactive date next to this person's name on the list of authorized signers in the CIG.

Effective Date: \_\_\_\_\_

Name:\_\_\_\_\_

NOTE: IF ADDING OR CHANGING AN AUTHORIZED DESIGNEE FOR CTC ONLINE, USE FORM <u>CL-896</u>. IF ADDING OR CHANGING AN AUTHORIZED SUBMITTER FOR CTC ONLINE RECOMMENDATIONS, USE THE *ADD/REMOVE AUTHORIZED SUBMITTER* FORM <u>CL-897</u>.