



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 Forms

Other: _____

Effective Date: _____

Name: _____

Signature: _____

Telephone Number: _____

Email Address: _____

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 [CL-896](#). IF ADDING OR CHANGING AN AUTHORIZED SUBMITTER FOR CTC ONLINE RECOMMENDATIONS, USE THE *ADD/REMOVE AUTHORIZED SUBMITTER FORM* [CL-897](#).