

**REQUEST FOR DELEGATION OF SIGNATURE AUTHORITY  
AND/OR AMENDMENT OF EXISTING SIGNATURE AUTHORITY**

Name, title and email of person seeking delegation:

Name and title of individual with current signature authority:

Delegation requested (*please include the specific language proposed for the requested delegation; existing delegations from the OUA webpage provide examples at <http://www.ecu.edu/attorney/delegation.cfm>*):

Reason the delegation is being requested request:

Name, title and email of person with authority to grant request:

PLEASE EMAIL YOUR REQUEST TO:  
OFFICE OF UNIVERSITY ATTORNEY at [PAYNED@ecu.edu](mailto:PAYNED@ecu.edu)

If you have questions please call the Office of the University Attorney at (252) 328-6940