

**Department:** \_\_\_\_\_

The signatory to this Chart of Authorities has overall signing authority and is the central point of contact for the department. This person may request additional services and will indicate in the Chart of Authorities the individuals (authorities) permitted to make requests associated with the services listed below.

Service Name	Authorities	Name	E-mail Address	Telephone #
<input type="checkbox"/> Central File Share	(primary)			
<input type="checkbox"/> Other (Specify)	(secondary)			

Name (please print): \_\_\_\_\_  
(Dean / Director / Department Head)

Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please return completed form by e-mail or mail  
Service Desk, IT Services, HH Building