



## AUTHORIZED SIGNATURES — VETERANS EDUCATION GRANT PROGRAMS

<b>SCHOOL NAME AND SCHOOL ADDRESS</b>
<b>DATE</b>

**This is the permanent record used by the WDVA to verify the signature of school personnel authorized to sign educational grant documents. WDVA will use this form to request updated signatures. School officials will use it to notify WDVA of changes or additions.**

**The Federal U.S. Department of Veterans Affairs (VA) must be notified separately.**

<b>SCHOOL VETERANS OFFICIAL</b>	Name and Title _____	
Phone (      )	<input type="checkbox"/> Addition <input type="checkbox"/> Replacement for:	
Signature	Date	Email

<b>ALTERNATE</b>	Name and Title _____	
Phone (      )	<input type="checkbox"/> Addition <input type="checkbox"/> Replacement for:	
Signature	Date	Email

<b>ALTERNATE</b>	Name and Title _____	
Phone (      )	<input type="checkbox"/> Addition <input type="checkbox"/> Replacement for:	
Signature	Date	Email

<b>SENIOR SUPERVISOR</b>	I certify on behalf of my school that these signatures and facsimile stamps are valid and that these individuals are authorized to sign documents for WDVA educational programs. I understand that criminal and/or civil penalties and/or civil damages may apply if I, or the signatories above obtain unauthorized access to, or make an unauthorized disclosure or inspection of records obtained from the VBATS database, and agree to indemnify and hold harmless the WDVA for all costs and damages, including attorneys' fees.	
	Name and Title _____	
Phone (      )	<input type="checkbox"/> Addition <input type="checkbox"/> Replacement for:	
Signature	Date	Email