
SCHOOL DIVISION NAME AND DIVISION CODE

VIRGINIA DEPARTMENT OF EDUCATION

AUTHORIZATION OF SIGNATURES IN ABSENCE OF SUPERINTENDENT

The School Board of the County, City, or Town of _____ at
a meeting held on _____ by duly recorded vote
approved and authorized the person(s) listed below to sign all
Virginia Department of Education reports, documents, requisitions,
and other official correspondence in the absence of the Division
Superintendent for a period beginning on _____ and
ending on _____.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

PLEASE TYPE NAME

PLEASE TYPE NAME

AUTHORIZED SIGNATURE

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PLEASE TYPE NAME

PLEASE TYPE NAME

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

PLEASE TYPE NAME

PLEASE TYPE NAME

This is to certify that the above action was approved and incorporated in the minutes of said School Board on the aforementioned date.

DATE

SIGNATURE OF DIVISION SUPERINTENDENT

PLEASE TYPE NAME

Please return by JULY 13, 2001, to: Mrs. Leigh H. Williams
Senior Budget Analyst
VA Department of Education
P. O. Box 2120
Richmond, VA 23218-2120

