

Authorized Signer Designation Form

Complete the form below to designate the individual who will access this Lansing SAVE account on the student's behalf. Completion of this form will allow the Authorized Signer(s) to perform computer inquiries, change the terms of privately funded certificates, change beneficiaries, and change contact information.

Student Account Number:		Student Name (<i>please print</i>)
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Authorized Signer Information and Acceptance

Please provide the Authorized Signer(s) information below.

First Name		Middle Name		Last Name			Employer	
Address			City		State	ZIP	Birth Date	Social Security Number (Optional)
Mobile Phone		Work Phone		Other Phone		Email Address		
Mother's Maiden Name		Driver's License/Passport Number		State of Issue	Date of Exp.		Other Documentation/ID	
First Name		Middle Name		Last Name			Employer	
Address			City		State	ZIP	Birth Date	Social Security Number (Optional)
Other Phone		Work Phone		Other Phone		Email Address		
Mother's Maiden Name		Driver's License/Passport Number		State of Issue	Date of Exp.		Other Documentation/ID	

Authorized Signer Signature: _____ Date: _____

Authorized Signer Signature: _____ Date: _____

Please return this form to your school's Principal for processing.

FOR OFFICE USE ONLY

Lansing School District Authorization

Signature(s): _____ Date: _____

Print Name(s): _____ School Name: _____

City of Lansing Authorization

Custodian Signature(s): _____ Date: _____

Print Name(s): _____

MSUFCU OFFICE USE

_____ Date Received

_____ Employee Name

_____ Employee Number