



Student Name (please print)



Student Account Number:

Authorized Signer Designation FormComplete 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.

Address City State ZIP Birth Date Social Security Number (Optional) Mobile Phone Work Phone Other Phone State of Issue Date of Exp. Other Documentation/ID First Name Middle Name Last Name Email Address Employer Address City State ZIP Birth Date Social Security Number (Optional) Other Phone Work Phone Other Phone Date of Exp. Other Documentation/ID Authorized Signer Signature: Date: Authorized Signer Signature: Date: Authorized Signer Signature: Date: Authorized Signature: Date: Authorized Signature: Date: Authorized Signature: School District Authorization Signature(s): School Name: City of Lansing Authorization Custodian Signature(s): Date: Print Name(s): Date: Butter Date: Date: Date: Date:	Authorized Signer Information and Acceptance Please provide the Authorized Signer(s) information below.									
Mobile Phone Work Phone Driver's License/Passport Number State of Issue Address City State ZIP Birth Date Social Security Number Coptionall Address City State State of Issue Date of Exp. Other Documentation/ID Driver's License/Passport Number Other Phone Other Phone Other Phone Driver's License/Passport Number State of Issue Date of Exp. Other Documentation/ID Authorized Signer Signature: Date: Please return this form to your school's Principal for processing. FOR OFFICE USE ONLY Lansing School District Authorization Custodian Signature(s): City Gate of Issue Date: Date	First Name Middle Name Last Name								Employer	
Mother's Maiden Name	Address		City	State		ZIP	Birth [I I		
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Authorized Signer Signature:	Mother's Maiden Name	Driver's License/Passport Num		ber	oer State of Issue		Date of Ex	Oate of Exp. O		er Documentation/ID
Please return this form to your school's Principal for processing. FOR OFFICE USE ONLY Lansing School District Authorization Signature(s):	Authorized Signer Signature:					Date:				
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