The following person(s) are either authorized or have been delegated authority by the agency head to release transactions into the Fixed Asset Accounting and Control System (FAACS) and have been properly trained in the use of FAACS.

Authorized Person: (Please Print) ____________________________________________
Signature: ________________________________________________________________
Title: ______________________________________________________________________
Email Address: ____________________________________________________________

Authorized Person: (Please Print) ____________________________________________
Signature: ________________________________________________________________
Title: ______________________________________________________________________
Email Address: ____________________________________________________________

Authorized Person: (Please Print) ____________________________________________
Signature: ________________________________________________________________
Title: ______________________________________________________________________
Email Address: ____________________________________________________________

Authorized Person: (Please Print) ____________________________________________
Signature: ________________________________________________________________
Title: ______________________________________________________________________
Email Address: ____________________________________________________________

(Please return to Department of Accounts Financial Reporting)
101 N. 14th Street, 3rd Fl Richmond, Virginia 23219

(Please make another copy if there are more than four (4) authorized persons.)