

**ADMINISTRATIVE INFORMATION SERVICES
ADVANCED ELECTRONIC PRINTER
SIGNATURE STORAGE RELEASE FORM**

I, the undersigned, authorize the Administrative Information Services Department to store my digitized signature, identification number _____, for use on the Advanced Electronic Printing Systems. Administrative Information Services will be responsible for the placement of my signature on the following forms:

FORM#	DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____

Date _____