

**Stanford University**  
**Appointment as**  
**Access Granting Authority**

Effective Date _____
Valid Until _____
Revocation Date _____

New Access Granting  
Authority  
(Name & Job Title):

School:

Department/Division:

Information System:

---

Access Granting Authority status is hereby granted to the above-named person for the information system specified above under the following conditions:

This authorization applies exclusively to approving requests for network, system, or application access for users of the information system specified above. Access Granting Authorities may not approve their own requests. Such requests must be approved by another Access Granting Authority for the specified information system.

This authorization cannot be transferred to or used for other information systems for any reason.

This authorization will be revoked immediately upon notification that the Access Granting Authority has been transferred to another department or terminated, or upon the request of the current System Owner.

This authorization will become effective upon the date that this form has been properly completed and signed by the System Owner and the new Access Granting Authority.

---

**Authorized Signatures**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of System Owner*

\_\_\_\_\_  
*Signature of New Access Granting Authority*

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Procedures**

1. The System Owner and the new Access Granting Authority must sign and date this appointment letter in the spaces provided.
2. The System Owner will retain the Appointment Form with the original signatures for six years after the appointment has been revoked or otherwise becomes invalid.