Department of Safety & Homeland Security

Jeff Long
Commissioner

Bill Lee
Governor

SCHOOL RESOURCE OFFICER GRANT PROGRAM
SIGNATURE AUTHORITY CONSENT FORM

I, _____ as the _____
Name of Person Granting Signature Authority (Printed) Title of Person Granting Signature Authority (Printed)

of _____
Name of Organization Receiving Grant (Printed)

hereby grant the person(s) identified below signature authority for the grant awarded by the Tennessee Department of Safety and Homeland Security / Office of Homeland Security. The following individual is, or individuals are, entitled to sign all grant related documents on behalf of my organization.

Name and Title (Printed)	**Signature**
Name and Title (Printed)	**Signature**
Name and Title (Printed)	**Signature**

The above signature authority granted to the above individual(s) may be revoked by me or by my organization at any time by written notice to the Tennessee Department of Safety and Homeland Security / Office of Homeland Security.

Signature of Person Granting Signature Authority **Date**