# Office of Institutional Advancement

# Letter Writing Campaign

**SIGNATURE AUTHORIZATION FORM**

I grant permission to the Office of Institutional Advancement to use my signature for the purpose of acknowledging the donor(s) for the scholarship I have received for the 2016-2017 academic year.

With this signed authorization, it is understood that my signature will not be used

for any other purpose.

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| **Class Year:** | |  |
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| **Alternate Contact #:** | |  |
| **Email:** | |  |
| **Decided Specialty:** | |  |
| **Date Signed:** | |  |
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***Please sign or drop a scanned signature in the middle of signature block****. Email completed form to* [*studentscholarships@msm.edu*](mailto:studentscholarships@msm.edu) *or mail to Michele Thomas, Morehouse School of Medicine, Office of Institutional Advancement, 720 Westview Drive SW, Atlanta, GA 30310-1495.*