

**Class Authorization Form
For Employee's Spouse**

Step 1

Date Of Request _____ Academic Year _____

Employee's Name _____ Date of Employment _____

Spouse's Name _____

Class Attending _____

Please Circle The Class Schedule 1 3 5 or 2 4 6 Time _____

Employee's Signature (Date) Spouse's Signature (Date)

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Step 2

This Form Must Be Returned To The Human Resources Office Before You May Begin The Registration Process

I Confirm The Employee Named Above is Qualified To Receive This Benefit.

Human Resources Signature (Date)

Step 3

Class Verification From The Registrar's Office

Registrar's Office (Date)

Step 4

Return form to the Human Resources Office
Copy to appropriate Student Accounts Office