

**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)

\* \* \* \* \*

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