

# Auburn University

## University Policy Authorization Form

Policy Adoption

Policy Revision\*

Policy Withdrawal

**POLICY TITLE:**

**Responsible Office:**

\_\_\_\_\_  
Responsible Officer (Administrator, Dean, Director, or Department Head)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Responsible Executive (Vice President, President, and/or Pro Tempore)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
General Counsel, Auburn University

\_\_\_\_\_  
DATE

*NOTE: Revised policies must show red-line track-changes\**

*Please mail the final, signed, hard-copy of this completed form to:*

University Policy Coordinator  
Office of the General Counsel  
101 Samford Hall  
Auburn, Alabama 36849-5163  
[policy@auburn.edu](mailto:policy@auburn.edu)  
334.844.5176