

Authorized Signatures Change Form

Read the *Instructions for Completing the Authorized Signatures Change Form* before completing this form. Scan and email the completed form to CNPermanentAgreement@ct.gov. Include "Authorized Signatures Change Form" in the subject line of the email.

This is to certify that on _____, as shown in the minutes of _____
Regional School District 17 the following action was taken to revise the authorized signers of the **ED-099 Agreement for Child Nutrition Programs**.

1. **Signature 1:** The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

Signature	Paul Smith	
	Printed name	
Interim Superintendent		6-9-2025
Title (superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)		Date
Psmith@rsd17.org		860-345-4534
Email		Phone number

2. **Signature 2:** In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

Signature	Jennifer Miller	
	Printed name	
Assistant Superintendent		6-9-2025
Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)		Date
Email		Phone number

3. **Signature 3:** The signature below certifies the above action.

Signature	Secretary of the Board
	Title (secretary of corporation, town clerk, secretary of the board)

This institution is an equal opportunity provider.

For state use only

Effective date:

Agreement numbers:

School programs:

Child care centers:

Adult day care centers:

Day care homes:

Summer food service:

