Siskiyou County Office of Education

AUTHORIZATION FOR PICK-UP OF DISTRICT DOCUMENTS
2024/2025

DISTRICT NAME:_____
Superintendents Name*:*_____
Address: _____
City, State and Zip: _____

The following people are authorized to pick up documents for _____:
School/District

NAME: *(First and Last)*	**CHECK ALL THAT APPLY**
1. _____	__Warrants __Payroll __W2s __ Confidential Documents
2. _____	__Warrants __Payroll __W2s __ Confidential Documents
3. _____	__Warrants __Payroll __W2s __ Confidential Documents
4. _____	__Warrants __Payroll __W2s __ Confidential Documents
5. _____	__Warrants __Payroll __W2s __ Confidential Documents

AUTHORIZED BY: _____ **DATE**: _____
Superintendent/Business Representative

Please contact Jamie Cramer at 842-8412 in the Business Department when you have changes in your staff or need to update your authorized personnel. You may also scan your form with any changes to jcramer@siskiyoucoe.net.

THANK YOU!

12.14.23/jc
File: Business Services; Forms; Business Forms; Authorization for District Documents