San Bernardino County Superintendent of Schools
Transforming lives through education

District Financial Services

SecurID Token Authorization

District Name: _____ **District #:** _____

Date of Action: _____ **Effective Date:** _____

End Date: _____

In accordance with provisions of legal codes for the state of California and/or organizational bylaws, the governing body of the above-named School District/Community College/Joint Power Authorities hereby approves and adopts the action described below:

SecurID Token Authorization

SecurID Token Authorization to access the San Bernardino County Schools Financial System:

☐ **Add Token**

Name of Authorized Agent: _____

Title: _____

Signature: _____

Authority: Education Code: Sections 35161, 42636, 81655
Government Code: Section 53910

I CERTIFY, UNDER PENALTY OF PERJURY, THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT

SIGNATURE, GOVERNING BOARD DESIGNEE **TITLE** **DATE**