

February 15, 2011

TO: BOARD OF TRUSTEES
Valencia Community College

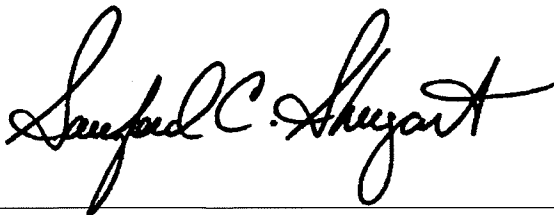
FROM: SANFORD C. SHUGART
President

RE: POLICY ADOPTION

The adoption of Policy 6Hx28: 5-13 - Facsimile Signatures - is proposed to comply with current law and to maintain consistency with the College's mission.

RECOMMENDED ACTION:

The President recommends that the Board of Trustees approve the adoption of Policy 6Hx28: 5-13 - Facsimile Signatures - as proposed.

A handwritten signature in black ink, reading "Sanford C. Shugart". The signature is written in a cursive style with a large, looping initial 'S'.

President



POLICY: 6Hx28: 5-13

Responsible Official:
Vice President of Administrative Services

Specific Authority: 116.34, F.S.
Law Implemented: 116.34, F.S.

Effective Date: XX-XX-XX

Facsimile Signatures

Policy Statement:

The District Board of Trustees authorizes the Chair and the Secretary of the Board (President) and/or their designees, to use facsimile signatures with the same legal effect as a manual signature in accordance with Florida Statute.

Procedures:

- A. After the July District Board of Trustees meeting at which the new Chair is elected, the Chair and the Secretary (President), and their designees, as may be appropriate, will each sign a Certificate of Facsimile Signature form. The signature on the forms will be notarized and sent by certified mail to:

(Responsible Person)
Department of State
500 South Bronough Street
Tallahassee, FL 32301

- B. The Chair and Secretary will also sign any applicable financial institution's forms to change the authorized signatures on all financial accounts held in the name of the District Board of Trustees of Valencia Community College to the newly elected Chair of the Board and Secretary.
- C. Financial Services will be responsible for obtaining manual signatures from the Chair and Secretary that can be used to convert to a facsimile signature for checks, employment contracts, and any other College document that may require a facsimile signature of the Valencia's District Board of Trustee Chair and/or Secretary.

Related Documents/Policies:

Certificate for Facsimile Signature

History:

Adopted XX-XX-XX

CERTIFICATE FOR FACSIMILE SIGNATURE

(Section 116.34, Florida Statutes)

State of Florida

County of _____

I, _____ being
(print name as to be signed below)

Duly appointed as _____
(state complete title or position)

Do hereby file with the Secretary of State my official signature for the purpose of complying with Section 116.34, Florida Statutes, and do hereby certify that the signature below is true, correct and manually subscribed by me.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE
READ THE FOREGOING OATH AND THAT THE FACTS STATED
IN IT ARE TRUE .**

Signature

Date signed

Print Name as signed

Business Address

City

State

Zip Code