

1 **INSTRUCTIONS:**

2 To designate a different person to sign your SAIG Enrollment documents, complete the information on the Designation of Authorizing Official form and have the  
3 President or CEO on file with ED sign the form.

4 **Certification of the President/CEO or Designee**

5 The U.S. Department of Education is required to collect the signature of the chief officer of the organization (President or CEO that is currently on file with ED) for  
6 assigning a designee.

7 The original signature document must be submitted to CPS/SAIG Technical Support. CPS/SAIG Technical Support cannot accept stamped, photocopied, or  
8 electronically signed signatures. Signatures must be original if mailed to CPS/SAIG Technical Support

9 A copy of each signed and dated statement must be maintained by your organization.

10 **Sending Designee Signature Pages**

11 Completed and signed designee pages can be e-mailed, faxed, or mailed to CPS/SAIG Technical Support.

12 **E-mail:** [cpssaig@ed.gov](mailto:cpssaig@ed.gov)

13 **Fax:** 319-665-7662

14 **Mail:**

15 CPS/SAIG Technical Support  
16 2450 Oakdale Blvd.  
17 Coralville, IA 52241-9728

18 **PLEASE NOTE: Your enrollment request will not be processed until CPS/SAIG Technical Support receives all certification statements, completed, and**  
19 **signed.**

1 **Designation of Authorizing Official**

2 Current Designee: \_\_\_\_\_

3 If you as the President or CEO wish to designate someone other than yourself to sign SAIG enrollment applications, you may do so by completing the designation  
4 statement below and signing Box 1. Have your designee complete and sign Box 2.

5 I hereby designate \_\_\_\_\_ with the title \_\_\_\_\_, to be my  
6 (Name of New Designee - Required) (Position Title of New Designee - Required)

7 responsible authorizing official for all future Federal Student Aid System enrollment applications. All related responsibilities of the President/CEO shall be carried  
8 out by this designee. As President/CEO, I agree to assume the responsibility for such actions associated with this and future enrollment agreements. This  
9 designation is effective as of the date signed below.

10 **Note: Authorized Official name and signature must match information on file with ED.**

11 **Box 1** SAIG Customer Name: \_\_\_\_\_  
12 President/CEO \_\_\_\_\_ Title \_\_\_\_\_  
13 (Printed name of President/CEO – Required) (Position title – Required)  
14 Signature \_\_\_\_\_ Date \_\_\_\_\_  
15 (Original signature must be submitted. Stamped or electronic signatures will not be accepted.)

16 **Responsibilities of the President/CEO or Designee**

17 As the President/CEO or Designee, I certify that:

- 18 • I or my designee will notify CPS/SAIG Technical Support within one business day, by e-mail at CPSSAIG@ed.gov or call 1-800-330-5947 when any  
19 person no longer serves as a designated authorizing official, Primary DPA, or Non-Primary DPA.
- 20 • I will not permit unauthorized use or sharing of SAIG passwords or codes that have been issued to anyone at my organization.
- 21 • Each person who is a SAIG DPA for my organization has read and signed a copy of “Step Three: Responsibilities of the Primary and Non-Primary  
22 Destination Point Administrator.”
- 23 • Each person who is a SAIG DPA for my organization has made a copy of the signed Step Three document for his or her own files and a copy is maintained at  
24 my organization.
- 25 • My organization has provided security due diligence and verifies that administrative, operational, and technical security controls are in place and are  
26 operating as intended. Additionally, my organization verifies that it performs appropriate due diligence to ensure that, at a minimum, any employee who  
27 has access to Federal Student Aid (FSA) ISIR data meets applicable state security requirements for personnel handling sensitive personally identifiable  
28 information.
- 29 • I have signed this certification below and sent the original to the Department. I have retained a copy of this certification at the organization. My signature  
30 below affirms that I have read these responsibilities and agree to abide by them.
- 31 • I have ensured that the Standards for Safeguarding Student Financial Aid Information, 16 C.F.R. Part 314, issued by the Federal Trade Commission (FTC),  
32 as required by the Gramm-Leach-Bliley (GLB) Act, P.L. 106-102 have been implemented and understand that these Standards provide, among other things,  
33 that I implement the following:
  - 34 – Designate an employee or employees to coordinate our information security program.
  - 35 – Identify reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of student financial aid information that could result  
36 in the unauthorized disclosure, misuse, alteration, destruction or other compromise of such information, and assess the sufficiency of any safeguards in  
37 place to control these risks. At a minimum, such a risk assessment includes consideration of risks in each relevant area of our operations, including  
38 employee training and management; information systems, including network and software design, as well as information processing, storage, transmission  
39 and disposal; and detecting, preventing and responding to attacks, intrusions, or other systems failures.
  - 40 – Design and implement information safeguards to control the risks I identify through risk assessment, and regularly test or otherwise monitor the  
41 effectiveness of the safeguards’ key controls, systems, and procedures.
  - 42 – Oversee service providers by taking reasonable steps to select and retain service providers that are capable of maintaining appropriate safeguards for the  
student financial aid information at issue and requiring our service providers by contract to implement and maintain such safeguards.
  - Evaluate and adjust our information security program in light of the results of the testing and monitoring required above; any material changes to our  
operations or business arrangements; or any other circumstances that I know or have reason to know may have a material impact on our information  
security program.

43 **Box 2** New Designee \_\_\_\_\_ Title \_\_\_\_\_  
(Printed name of the New Designee – Required) (Position title – Required)  
44 Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Original signature must be submitted. Stamped or electronic signatures will not be accepted.)  
45 Name of School or Agency: \_\_\_\_\_

46 **Office Use Only**  
47 Customer Number \_\_\_\_\_  
TG Number \_\_\_\_\_