

**Stockton Unified School District  
Associated Student Body/Student Activities  
Designation of Authorized Signers  
2024-25 School Year**

School: \_\_\_\_\_

The undersigned are duly authorized as signatories and trustees for the above-named student fund(s) for the 2024-25 school year:

\_\_\_\_\_  
Administrator's Name

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Authorized Trustee's Name

\_\_\_\_\_  
Authorized Trustee's Signature

\_\_\_\_\_  
Title/Position

**Please complete and submit this form via email by September 20, 2024 or earlier if a Student Activities Check Request is required prior to that date. Please scan and send to Jackie Reed, [JWReed@stocktonusd.net](mailto:JWReed@stocktonusd.net)**