

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS (CNP)  
CERTIFICATE OF AUTHORITY/AUTHORIZED USER FORM**

COUNTY DISTRICT CODE \_\_\_\_\_

COUNTY \_\_\_\_\_

SCHOOL FOOD AUTHORITY \_\_\_\_\_

This is to certify that \_\_\_\_\_, whose signature appears below, is the designated authorized representative of the governing body shown below and is fully empowered to enter into any agreement with the Oklahoma State Department of Education (OSDE) which may be a prerequisite to the installation and/or operation of a National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), After-School Snack Program (ASSP), Child and Adult Care Food Program (CACFP), and/or Summer Food Service Program for Children (SFSP) in the School Food Authority (SFA) shown above, and may act for the governing body in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the program(s).

Governing Body \_\_\_\_\_

\_\_\_\_\_  
(President, Clerk, or Other) (Signature of Authorized Representative)

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING ADDRESS TO BE USED FOR ALL CORRESPONDENCE FROM THIS OFFICE:**

\_\_\_\_\_  
(Street or Box) (State) (Zip Code)

The Authorized Representative signs or electronically transmits and accepts responsibility for the monthly claim for reimbursement and receives all correspondence from this office. The name of this person should appear, typed or printed, at the top of the page; this person should sign on the *Signature of Authorized Representative* line. A member of the Board of Education should sign on the *President, Clerk, or Other* line. A stamped signature is not acceptable unless that signature is registered with the Secretary of State.

Oklahoma State Department of Education  
Child Nutrition Programs Section, Room 310  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599