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
(Type or Print Name) 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 F	Program (SBP), Special Milk Program (SMP), After-
School Snack Program (ASSP), Child and Adult Care Food Program	am (CACFP), and/or Summer Food Service Program
for Children (SFSP) in the School Food Authority (SFA) shown ab	ove, and may act for the governing body in preparing
and signing other documents, reports, and claims for reimbursem	ent 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)
	(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