

**NORTHERN MICHIGAN UNIVERSITY
OFF-CAMPUS FEDERAL WORK-STUDY PROGRAM
COORDINATOR AUTHORIZATION FORM**

Please provide the contact information for the individual who will serve as the agency coordinator for the Off-Campus Federal Work-Study Program. This individual is responsible for serving as the liaison between the agency and Northern Michigan University, for maintaining student personnel and financial records, and for ensuring proper supervision of work done by the students under the Off-Campus Federal Work-Study Program Agency Agreement.

Organization Name: _____

Name of Contact: _____

Title: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

Signature: _____ Date: _____