



RELINQUISHMENT OF AUTHORITY FOR SUBMITTING SCHOOL DATA FOR DLGF GATEWAY APPLICATIONS IN THE INDIANA GATEWAY WEBSITE

State Form 55811 (R / 11-20)
Prescribed by the Department of Local Government Finance

I. RELINQUISHMENT OF AUTHORITY FORM

Name of Delegating Superintendent: _____

Name of Delegate (*Head of the Business Department*): _____

E-mail Address of Delegate (*Head of the Business Department*): _____

Name of Unit: _____

County: _____

I, the undersigned Delegating Superintendent, pursuant to the authority vested in me for the submission of budget forms and other DLGF Gateway reports through the Gateway website on behalf of the Unit, hereby delegate to the above-designated Delegate the following authority for the limited purposes set forth herein:

1. Delegate may submit budget forms and other DLGF Gateway reports through the Gateway website and authorize additional edit and read-only users on my behalf.
2. Delegate may access the Unit's Gateway website by means of the username and confidential password created and distributed by the Department to the Delegate.
3. Upon signing this Relinquishment of Authority, the undersigned Delegating Superintendent relinquishes authority to submit budget forms and other DLGF Gateway reports through the Gateway website and to authorize additional edit and read-only users until this Relinquishment of Authority for Submitting School Data through the Gateway Website and Authorizing Additional Website Users is revoked by the Delegating Superintendent, there is a change in Superintendent, or there is a change in Delegate, whichever occurs first.

I acknowledge that this Delegation does not affect the Unit's duties or responsibilities under the Indiana Code, and that I remain responsible for the accuracy, completeness, timeliness, and submission of all budget forms and other DLGF Gateway reports. I hereby represent that I have the real and apparent authority to sign this Delegation.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20 ____

(Signature of Delegating Superintendent)

(Printed name of Delegating Superintendent)

II. ACKNOWLEDGMENT BY DELEGATE

I, the Delegate in the above and foregoing, hereby acknowledge and accept the terms of the Relinquishment of Authority.

(Signature of Delegate)

(Printed name and title of Delegate)

NOTICE OF LIMITATION OF LIABILITY BY DEPARTMENT

Upon receipt of a fully executed SF 55811 from a local government unit, the Department will provide the unit's delegate with a username and confidential password for access to the unit's Gateway site. The Department is not a party to such a Delegation and has no other responsibility or liability in connection therewith. The Department does not assume any liability or responsibility for the work product or actions of the delegate, or for the accuracy, completeness, currency or usefulness of any material displayed or distributed through the Gateway website database. The Department makes no warranty, express or implied, with respect to the information included in the Gateway website database and has no responsibility or liability therefore.