Date

Ms. Robin Deller

Office of the State Treasurer

Securities Management Division

915 Capitol Mall, Room 117

Sacramento, CA 95814

Dear Ms. Deller:

Subject: **Authorized Signatures**

 Escrow Agreement No.

 Project Name, Project Number

 (Campus)

The employees of (Insert full Campus name) whose names and signatures appear below, are authorized to issue and sign the following:

Escrow Agreements:

Name: Name:

Title: Title:

Instructions directing the STO to release retention payments:

Name: Name:

Title: Title:

Instructions directing the STO to receive, exchange, or release securities:

Name: Name:

Title: Title:

The above authorized signatures are for the subject project only.

Sincerely,

Name

Vice President (or Assistant VP)

Administration

Enclosure

cc: Trustees’ Construction Administrator

 Trustees’ Escrow Representative