**DIGITAL MEASURES PROXY AUTHORIZATION FORM**

I authorize the individual listed below to enter my CV information into Digital Measures.

|  |  |
| --- | --- |
| Staff Name |  |
| Department |  |
| Employee R #  |  |
| eRaider Username |  |
| TTUHSC Email |  |

I understand, as a faculty member, I am ultimately responsible for the verification of information entered in Digital Measures and for any and all updating of information. This authorization can be revoked, in writing, at any time.

# Faculty information

|  |  |
| --- | --- |
| Faculty Name |  |
| Department |  |
| Employee R #  |  |
| eRaider Username |  |
| TTUHSC Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Faculty Signature |  | Date |

# Return this form to:

**Miranda Alvarez, MA**

**miranda.alvarez@ttuhsc.edu**

**Office of Faculty Affairs, MSC# 21006**

**Administrative Services Building, Room 1115**