



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

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 El Paso 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 El Paso Email	

Faculty Signature

Date

RETURN THIS FORM TO:

Ernie Jimenez

ernjimen@ttuhsc.edu

Office of Faculty Affairs, MSC# 21006

Administrative Services Building, Room 1115