



DIGITAL MEASURES 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 I, as a faculty member, 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:

Cindy Camarillo, Sr. Director
cindy.camarillo@ttuhsc.edu
Office of Faculty Affairs
Administrative Services Building
Room 1111