



STATE OF NEVADA  
OFFICE OF THE STATE TREASURER

**LGIP AUTHORIZED USER FORM**

<b>ENTITY NAME:</b>		<b>PHONE:</b>	
<b>ENTITY ADDRESS:</b>		<b>FAX:</b>	
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>

**THIS FORM WILL SUPERSEDE PREVIOUSLY SUBMITTED AUTHORIZED USER FORMS**

**PLEASE TYPE OR PRINT CLEARLY**

AUTHORIZED USER NAME:		PHONE:	
E-MAIL ADDRESS:		FAX:	
LEVEL OF AUTHORITY:	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	CLERK (VIEW ONLY)

AUTHORIZED USER NAME:		PHONE:	
E-MAIL ADDRESS:		FAX:	
LEVEL OF AUTHORITY:	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	CLERK (VIEW ONLY)

AUTHORIZED USER NAME:		PHONE:	
E-MAIL ADDRESS:		FAX:	
LEVEL OF AUTHORITY:	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	CLERK (VIEW ONLY)

*PRIMARY USERS CAN MAKE CHANGES TO SECONDARY USERS ON THE LGIP WEBSITE. PRIMARY & SECONDARY USERS ARE AUTHORIZED TO MAKE ALL LGIP TRANSACTIONS. CLERKS ONLY HAVE RIGHTS TO VIEW REPORTS.*

DO YOU WISH TO AUTHORIZE A THIRD PARTY (IE: EXTERNAL ACCOUNTANT, STATE AGENCY, ATTORNEY, ETC.) TO RECEIVE REPORTS REGARDING YOUR ACCOUNT(S)?  YES  NO IF "YES":

**BUSINESS NAME OR AGENCY:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

SIGNATURE:		NAME (PRINT):	
DATE:		TITLE:	

**CARSON CITY OFFICE**  
State Treasurer  
101 N. Carson Street, Suite 4  
Carson City, Nevada 89701-4786  
(775) 684-5600 Telephone  
(775) 684-5623 Fax

**STATE TREASURER PROGRAMS**  
Guinn Millennium Scholarship Program  
Nevada Prepaid Tuition Program  
Nevada College Savings Plans  
Nevada College Kick Start Program  
Unclaimed Property

**LAS VEGAS OFFICE**  
State Treasurer  
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