



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

LGIP AUTHORIZED USER FORM

ENTITY NAME:		PHONE:	
ENTITY ADDRESS:		FAX:	
CITY:	STATE:	ZIP CODE:	

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:	PRIMARY	SECONDARY	CLERK (VIEW ONLY)

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E-MAIL ADDRESS:		FAX:	
LEVEL OF AUTHORITY:	PRIMARY	SECONDARY	CLERK (VIEW ONLY)

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E-MAIL ADDRESS:		FAX:	
LEVEL OF AUTHORITY:	PRIMARY	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):	
	<i>AGENCY HEAD</i>	TITLE:	
EFFECTIVE DATE:			

CARSON CITY OFFICE
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 Carson City, Nevada 89701-4786
 (775) 684-5600 Telephone (775)
 684-5623 Fax

STATE TREASURER PROGRAMS
 Millennium Scholarship Program Nevada
 Prepaid Tuition Program Unclaimed
 Property
 Upromise College Fund 529 Plan

LAS VEGAS OFFICE
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 Las Vegas, Nevada 89101-1074
 (702) 486-2025 Telephone (702)
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