



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:	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**  
 101 N. Carson Street, Suite 4  
 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**  
 555 E. Washington Avenue, Suite 4600  
 Las Vegas, Nevada 89101-1074  
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