



## Proxy Authorization Form

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**I authorize the below individual to enter my information into the Faculty Activity System: Activity Insight.**

Name

Email address

Department

Employee ID (6 digits)

OU 4x4

OU Sooner ID (9 digits)

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**I understand I am ultimately responsible for the verification of information entered in the Faculty Activity System and for any and all updating of information. This authorization can be revoked, in writing, at any time.**

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### Faculty Information

Name (please print)

Date

Department

Position

Signature

Please return this form to:

[khorne@ou.edu](mailto:khorne@ou.edu)

or

Attn: Karen Horne

Office of the Senior Vice President and Provost

Evans Hall, Rm 104

405-325-7480

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