DATE: XX-XX-XXXX

Teresa Reilly

Office Director

Enterprise Governance and Planning Division

Georgia Technology Authority

47 Trinity Avenue

Atlanta, GA 30334

Ref: Delegation of Authority To Finalize and Approve ***<Agency Name>*** State Technology Annual Report Register

Dear Ms. Reilly

I, ***<Name of Agency Head>*** of ***<AGENCY NAME>*** delegate the following person to finalize and approve our Agency State Technology Annual Report Register report for 2014.

Name:

Title:

E-Mail:

*Once completed please submit via email to:* ITReports@gta.ga.gov

Sincerely,

***(Agency Head Signature, Name and Phone Number)***