

**COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE
LETTER OF AUTHORIZATION FORMULA PROGRAMS
PRIMARY CONTACT PERSON FORM**

INSTITUTION: _____

FORMULA PROGRAM:

RESEARCH DIRECTOR OR EXTENSION ADMINISTRATOR:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

PRIMARY CONTACT PERSON:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____