



## Agency Liaison Designation Form

Agency Corporate Name: \_\_\_\_\_

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The names listed in this chart are authorized by the undersigned agency executive representative to approve access to Sage and all other SAPC applications for the purposes of business operations. Applications may include client protected health information and/or information pertaining business operations and finances of the agency.

	First Name	Last Name	Telephone	Email
Liaison 1:				
Liaison 2:				
Liaison 3:				
Liaison 4:				
Liaison 5:				

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### Agency Management Approval

**First Name:**

**Last Name:**

**Title:**

**Signature:**

**Date:**