

ASCE Change of Corresponding Author Request Form

Please use this form to submit changes to the corresponding author.
NOTE: Changes cannot be made after a manuscript has been accepted for publication.

Journal Title:

Manuscript Number and Title:

Part I: To be completed by the Original Corresponding Author

I _____ the current corresponding author for the abovementioned paper, hereby authorize ASCE to send all further correspondence from this date forward to the new corresponding author designated below and acknowledge that all authors of this manuscript are aware and approve the change in corresponding author.

Signature:

Date:

Part II: To be completed by the New Corresponding Author

I _____ agree to be designated as the corresponding author on the abovementioned paper and I agree to receive all further correspondence regarding this paper.

Name (First Middle Last):

Address:

Email:

Signature:

Date:

Please upload this form as a "Permissions" file item when the revised manuscript is submitted.