

Scope Change Authorization Form

1. Client & Project Information

Client Name: _____

Project Name: _____

Date of Request: _____

Requested By: _____

Reviewed By (Designer/Consultant): _____

2. Description of Requested Change

Please describe the proposed change to the original scope of work:

3. Reason for Change / Business Justification

4. Impact Assessment

- Additional Hours Required: _____
- New Deadline (if applicable): _____
- Additional Cost Estimate (if any): _____
- Risk or Delay Assessment: _____

5. Approval Signatures

Client Representative Name: _____ Signature: _____ Date: _____

Service Provider Representative: _____ Signature: _____ Date: _____

Note: This change will not be initiated until both parties have signed this authorization form.