

#### 4 CHANGE AUTHORIZATION REQUEST FORM

FREEZE # \_\_\_\_\_

DATE \_\_\_\_\_

REVISION # \_\_\_\_\_

ORIGINATOR \_\_\_\_\_

ELEMENT:

ELEMENT CCR ID:

TITLE:

CHANGE DESCRIPTION:

RATIONALE:

IMPACT:

NEED DATE:

APPROVALS:

- GLAST Ground System Manager,
- GLAST Software Systems Manager
- GLAST Instrument Systems Manager
- GLAST Mission Manager
- GLAST Project Scientist
- GLAST Deputy Project Manager,
- GLAST Project Manager

CHECK THE GLAST PROJECT WEBSITE AT  
<http://glast.gsfc.nasa.gov/project/cm/mcdl> TO VERIFY THAT THIS IS THE CORRECT VERSION PRIOR TO USE.