OLD DOMINION UNIVERSITY RESEARCH FOUNDATION
SIGNATURE AUTHORIZATION / DELEGATION / PORTAL ACCESS FORM

PART A - SIGNATURE AUTHORIZATION

INVESTIGATOR NAME: _____

INVESTIGATOR MIDAS ID: _____

DEPARTMENT: _____

E-MAIL ADDRESS: _____

SIGNATURE SPECIMEN

PART B - SIGNATURE DELEGATION

PART C - AUTHORIZATIONS / ACCESS GRANTED

I hereby delegate signature authorityfor the personnel listed below on my accounts with the following authorizations and on-line acess as indicated below: (Check all that apply) 1RWH $XWKRUL]DWLRQV IRU VXEDZDUGHH $

LIMITED AUTHORIZATION DOLLAR			AUTHORIZATIONS GRANTED							PORTAL ACCESS GRANTED		
LIMIT LDQ\ $	PROJECT NUMBERS:	&2, &03 %XGJHW 'HOHJDWH 5HTXLUHG &KHFN ER[LI SURMHFW KDV D &03 UHTXLUHPHQW D EXGJHW GHOHJDWH	&RQVXOWDQW	3UHSDUH	&RQYHUW	3UHVHQW	5HTXLVLWLRQV	3R&K	INVESTIGATOR H5(4			
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Return form with all required signatures to UIS XURFKDVLQJ#RGX HGX

	E-MAIL ADDRESS	MIDAS ID Q R W 8 , 1	SIGNATURE SPECIMEN

I certify that I have discussed this arrangement with the designees indicated above, that they are aware of the responsibility delegated to them, and that their signature is an acceptance of that designation of authority. I understand that the fiduciary responsibility for the above accounts still remains with me.

_____