

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 authority for the personnel listed below on my accounts with the following authorizations and on-line access as indicated below. (Check all that apply) 1 R W H \$ X W K R U L J D W L R Q V I R U V X E D Z D U G H H \$

LIMITED AUTHORIZATION DOLLAR LIMIT \$	PROJECT NUMBERS:	AUTHORIZATIONS GRANTED	PORTAL ACCESS GRANTED																																																																								
<p style="font-size: 1.2em; margin: 0;">Return form with all required signatures to</p>	<p style="font-size: 1.2em; margin: 0;">UISXUFKDV LQJ #RGX HGX</p>	<p style="font-size: 1.2em; margin: 0;">\$ X W K R U L J D W L R Q V I R U V X E D Z D U G H H \$</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"> </th> <th style="width: 33%;"> </th> <th style="width: 33%;"> </th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>																																																																								

	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.
