

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

PART A - SIGNATURE AUTHORIZATION

INVESTIGATOR NAME: _____
INVESTIGATOR MIDAS ID: _____
DEPARTMENT: _____
E-MAIL ADDRESS: _____

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| SIGNATURE SPECIMEN |
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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 \$

| LIMIT | PROJECT NUMBERS: |
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Return form with all required signatures to _____

| AUTHORIZATIONS GRANTED | | | |
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| PORTAL ACCESS GRANTED | | |
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| SIGNATURE SPECIMEN |
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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.