

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

PART A - SIGNATURE AUTHORIZATION

INVESTIGATOR NAME: _____

INVESTIGATOR MIDAS ID: _____ UIN: _____

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) **Note: Authorizations for subawardee payments cannot be delegated!**

[illegible][illegible][illegible][illegible]

DELEGATE'S PRINTED NAME	E-MAIL ADDRESS	MIDAS ID (not UIN)	CMP Budget Delegate	DELEGATE SIGNATURE SPECIMEN and CERTIFICATION of having no conflict of interest with project (see ODU Policy #5201).

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.

SIGNATURE OF PRINCIPAL INVESTIGATOR or CO-INVESTIGATOR

Return form with all required signatures to: rfpurchasing@odu.edu

PI or CO-PI SIGNATURE