

## 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
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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 \$

LIMITED AUTHORIZATION DOLLAR LIMIT LD Q \	PROJECT NUMBERS:
\$	Return form with all required signatures to

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PORTAL ACCESS GRANTED		

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

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.

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