

# Authorization Form

---

## Human Rights

Applicable    Not Applicable

Authorization Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

## Animal Protection

Applicable    Not Applicable

Authorization Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

## Human Rights/Animal Protection Addendum

IRB and IACUC approval are pending the grant review outcome and the institution confirms that if the grant is funded, IRB and IACUC approval will be approved and submitted to the SUS Office prior to the start of the award funding date.

## Biohazards

Applicable    Not Applicable

Authorization Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

## Department Chairman and Institutional Authorizing Officer

Department Chairman Name: \_\_\_\_\_

Department Chairman Title: \_\_\_\_\_

Department Chairman Institution: \_\_\_\_\_

Department Chairman Address: \_\_\_\_\_

Department Chairman Telephone: \_\_\_\_\_

Department Chairman Fax: \_\_\_\_\_

Department Chairman Email: \_\_\_\_\_

Department Chairman Signature: \_\_\_\_\_

Institutional Authorizing / Financial Officer (to whom funds should be sent) Name: \_\_\_\_\_

Institutional Authorizing / Financial Officer Title: \_\_\_\_\_

Institutional Authorizing / Financial Officer Institution: \_\_\_\_\_

Institutional Authorizing / Financial Officer Address: \_\_\_\_\_

Institutional Authorizing / Financial Officer Telephone: \_\_\_\_\_

Institutional Authorizing / Financial Officer Fax: \_\_\_\_\_

Institutional Authorizing / Financial Officer Email: \_\_\_\_\_

Institutional Authorizing / Financial Officer Signature Line: \_\_\_\_\_