

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 Chair and Institutional Authorizing Officer

Department Chair Name: _____

Department Chair Title: _____

Department Chair Institution: _____

Department Chair Address: _____

Department Chair Telephone: _____

Department Chair Fax: _____

Department Chair 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: _____