



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

**RETURN TO:**

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**AUTHORIZATION FORM  
BACKBONE -- DEPARTMENTAL ROLE MANAGER**

BACKBONE ROLE MANAGER – NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PID #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DEPARTMENT #: \_\_\_\_\_

DIVISION: \_\_\_\_\_

DEPARTMENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CAMPUS BOX: \_\_\_\_\_

**DEAN/DIRECTOR/DEPARTMENT HEAD AUTHORIZATION**

I hereby authorize the above-listed individual to serve as Backbone Role Manager on behalf of my department. I understand that the Role Manager is responsible for assigning roles within my department including those involving IPF and Financial Guarantee approvals and access to research and award data.

\_\_\_\_\_  
SIGNATURE – DEAN/DIRECTOR/DEPARTMENT HEAD

\_\_\_\_\_  
DATE

PRINT NAME: \_\_\_\_\_