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: ________________________________

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