



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

RETURN TO:
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**AUTHORIZATION FORM
RESEARCH CONTACTS - DEPARTMENTAL ROLE MANAGER**

RESEARCH CONTACTS 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 Research Contacts 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: _____