

Carleton College
Signature Authorization Form

Date: _____

Grant Number: _____

Grant Title: _____

Principal Investigator: (print)

Title:

Phone Number:

Personnel whose names and signatures appear on this form are authorized to approve charges on the grant, and may be granted access on the Hub if requested.

Designated Signatories:

Name:

Title

Signature

I hereby approve the personnel listed as designated signatories on the above listed grant.

PI Signature