

Date:

Office of PreAward Services
Attn: Associate Vice President for Research
2 Fairchild Hall
Manhattan, KS 66506

Subject: Designated Alternate Signature Authorization

This letter is to authorize signature authority per the following:

Name of Alternative Authorized Designee

Signature of Alternative Authorized Designee

Name of Alternative Authorized Designee

Signature of Alternative Authorized Designee

Name of Alternative Authorized Designee

Signature of Alternative Authorized Designee

Comments:

Name of Authorized Signatory (print)

Signature of Authorized Signatory

Title of Authorized Signatory

Department of Authorized Signatory

Please note it is the responsibility of the unit to notify PreAward Services to terminate this alternative authorization. This form and terminations can be emailed to cayuse@ksu.edu.