

Seattle Institute for Biomedical and Clinical Research

www.sibcr.org

TO:  
FROM: SIBCR  
Date:  
RE: Signature Authority for MIP Accounts

Please have the authorized signers for your account(s) sign below. Please indicate any limits to their authority.

If you are not delegating signature authority to anyone circle "PI Only."

**PI Only**

THE FOLLOWING IS/ARE AUTHORIZED FOR APPROVAL ON MY SIBCR ACCOUNTS

**ACCOUNT(S):** \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**ACCOUNT(S):** \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Investigator's Signature  
\_\_\_\_\_

The restrictions, if any, are as follows:

**PLEASE RETURN COMPLETED FORM TO SIBCR (151F)**