**Signatory Authority Delegation Form**

I hereby delegate authority to execute contracts on behalf of Towson University to the Delegate named below under the following terms and conditions:

1. The only contracts subject to this delegation are those that meet the requirements described below:
2. Contract name or contract type: Click here to enter text

b. Dollar limit (if applicable): Click here to enter text

2. Delegate will be regularly and routinely responsible for this type of contract as part of his/her official duties.

3. I will be responsible for assuring that the Delegate complies with applicable University policies and receives adequate training to carry out contract-related responsibilities.

4. This delegation is made pursuant to the Towson University Contract Execution Policy and is subject thereto.

5. This delegation terminates immediately in the event the Delegate is no longer employed by the University, or within my unit.

6. I understand that I am responsible for updating and revoking this authorization.

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| Click here to enter text**Vice President Name**Signature | Click here to enter text**Division**Date |
| Click here to enter text**President’s Name****Signature** | Click here to enter text**Delegate Supervisor Name** (if different from above)**Signature** |

**Delegate Acknowledgement**

I acknowledge that I have read, understand, and agree to all of the terms of this Signatory Authority Delegation Form and the Towson University Contract Execution Policy.

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| Click here to enter text**Delegate Name** Signature | Click here to enter text**Title**Date |

This form must be completed, signed, and returned to the Office of the General Counsel.

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| **FOR USE BY THE OFFICE OF THE GENERAL COUNSEL ONLY**Revocation authorized by:Effective date of revocation: |