



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

**RETURN TO:**

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**AUTHORIZATION FORM  
BACKBONE -- DEPARTMENTAL ROLE MANAGER**

**BACKBONE 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 Backbone 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:** \_\_\_\_\_