

SIGNING AUTHORITY DELEGATION

I, the _____ [please enter title from below*], in accordance Tufts University's Signing Authority Policy (the "Policy"), hereby delegate my signing authority to the following persons:

Type of Agreement or Arrangement	Limits or caps	Name of Authorized Delegatee or Title	Other Comments, if necessary
Only for the agreement or arrangement that you are permitted to sign per the Policy	\$ amount or time and may not exceed the limitation set forth in the Policy; may not delegate beyond this fiscal year	Must be an employee of Tufts University	

I understand that I may revoke the signing authority delegation at any time by delivering notice to the Vice President for Finance and the General Counsel. This delegation shall terminate in the event that I am no longer in the role set forth in the first paragraph above.

 Name:
 Title:
 Date:

Please deliver (electronic or hardcopy) this Signing Authority Delegation to the Vice President for Finance and the General Counsel. If you have any questions, please email signatoryquestions@elist.tufts.edu.

* Only the following persons may delegate authority - Dean of the Cummings School of Veterinary Medicine, Dean of the Fletcher School, Dean of the Friedman School of Nutritional Science and Policy, Dean of the Sackler School of Graduate Biomedical Sciences, Dean of the School of Arts and Sciences, Dean of the School of Dental Medicine, Dean of the School of Engineering, Dean of the School of Medicine, Dean of Jonathan M. Tisch College of Civic Life, Director of the Human Nutrition Research Center, Executive Administrative Deans, Vice Provost for Research, Vice President for Finance, Senior Vice President/Vice President for Advancement, Senior Vice President/Vice President for University Relations, Vice President for Operations, Vice President for Information Technology, Vice President for Human Resources, Vice President for Communications and Marketing, General Counsel, Chief Investment Officer