

DELEGATION OF AUTHORITY

I _____, _____ make the following
(Full Name) (Title)
delegation of my authority to commit the University of Notre Dame and its resources pursuant
to the [Operational Delegation of Authority](#)

<u>Name of Employee & Title</u>	<u>Amount of Authority</u>	<u>Employee Signature</u>

This authority is effective immediately until August 1, 2025, unless it is changed, renewed or revoked earlier. This authority does not change the requirement that the execution of contracts, deeds, agreements and other legal documents must be reviewed and approved by the Office of General Counsel per the policy of that office.

(Signature)

Full Name: _____

Date: _____

Scope of Authority: If applicable, please list below any way in which this authority is limited, e.g., by type of contract that can be signed, etc.

Submit this signed form to:

Marianne Corr
Vice President & Robert K. Johnson General Counsel
204 Main Building