**Delegation of e-Signature**

This form can be used to document the delegation of e-Signature authority for IRB applications and submissions.

Name of Person who is authorizing the delegation:

Role(s) of Person who is authorizing the delegation (check all that apply:

Department Head (e.g., Department Chair, Dean)

Principal Investigator

Department Representative (e.g., Ancillary Reviewer)

Other Signatory: specify:

Name of Person who is delegated authority to e-sign on behalf of the above person:

Title of Person who is delegated authority to e-sign on behalf of the above person:

Check at least one box below to designate authority or limitations of delegated authority below:

No Limitations (full authority)

Delegated authority is limited to a specific study. Specify IRB Number:

Delegated authority is limited to specific submission types. Specify types:

Amendments to change study staff

Exempt submissions

Expedited submissions

Full board submissions

Administrative submissions

Other: specify:

# Other Comments:

Date Authorized:

Expiration Date (if any:)

Signature of Person who is authorizing the delegation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and send to [IRB@downstate.edu](mailto:IRB@downstate.edu) or FAX to (718) 613-8497