



Office of the General Counsel  
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**Delegation of Signature Authority**

Date:	01/17/2023
Person Delegating Signature Authority:	Stacy Volnick
Title:	Interim President
Person to Whom Signature Authority is Delegated:	Muriel Industrious
Title:	Associate Director, Office of Sponsored Programs
Div/Dept/College:	Division of Research
Duration: Insert dates or check "until revoked"	_____ to _____ OR Until Revoked <input checked="" type="checkbox"/>
Limitations or exclusions (if any):	
Other notes:	

Signature of Delegating Authority:  \_\_\_\_\_

All signature delegations automatically expire without further action if the person to whom authority has been delegated leaves FAU or changes positions within FAU.

All delegations may be revoked by the delegating party or his/her successor at any time by signing below:		
Signature Revoking Authority:	By: _____	Date: _____
	Title: _____	

All final delegations and revocations should be directed to the Office of the General Counsel