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# Office of Sponsored Programs and Foundation Relations

**AUTHORIZATION TO RELEASE SALARY INFORMATION**

*Revised August 2022*

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| Name: Click or tap here to enter text. | Department/School: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. | Telephone Number: Click or tap here to enter text. |
| Project Role:[ ]  PD/PI [ ] Co-PD/PI [ ] Senior/Key Personnel [ ] Consultant [ ] Subrecipient [ ] Other (describe): Click or tap here to enter text. |
| Project Lead PI/PD (if not identified above): Click or tap here to enter text. | Project Period (if known): Click or tap here to enter text. |
| Project/Grant Title: Click or tap here to enter text. |
| Agency/Sponsor’s Name: Click or tap here to enter text. | Agency/Sponsor Award Number (if known):Click or tap here to enter text. |

**To: Business Office**

 **St. John Fisher University**

**Date:** **Click or tap to enter a date.**

I am participating in a grant proposal to be submitted to the following external funder: *Click or tap here to enter text.* I hereby authorize you to release my annual salary information to: *list some or all of the following as is appropriate: Principal Investigator/Project Director and name; the Co-PI/PD and name; the appropriate school Dean and name,* the Office of Sponsored Programs and Foundation Relations for facilitating the pre- and post-award processes.

Note that if a grant is publicly funded, it may fall under the Freedom of Information Act (FOIA). For some publicly funded grants, all financial information including salary information could be obtained under the Act. Federal agencies typically send FOIA requests to faculty who have the option to invoke Exemption 4 and request that the agency redact specific items, such as salaries, prior to releasing the proposal.

If funded, this authorization extends during the length of the grant period, which ends on *Click or tap to enter a date.*. This authorization also extends through the end of the grant period in the event of a no-cost extension for the grant.

**Should the grant be funded, I also understand that I will need to keep a record of my time spent on grant-related duties by completing personal activity reports, which will be signed by my supervisor or the PI/PD.**

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| Signature: | Date: |