

The Pennsylvania State University
College of Education

Contract Clearance Form

Date: _____

Contract Initiated By (check one):

☐ College of Education, PSU

☐ _____
(individual/organization name)

Department/Unit: _____

Company: _____

Contact: _____

Contact: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail: _____

E-mail: _____

Campus _____

Address: _____

Address: _____

****NOTE: The contract will be returned to the University Contact listed above once it has been signed by the authorized University Officer.**

Contract Performance Period (date): _____

Contract Value (if applicable): \$ _____

Special Notes for the Office of Risk Management: _____

APPROVALS

Department/Unit Head: _____

Date: _____

FINAL COLLEGE APPROVAL

Assoc. Dean for Research: _____

Date: _____

or, if proxy approval, either

Coord., Grants & Contracts: _____

Date: _____

or

Financial Officer: _____

Date: _____