

## **REQUEST TO MODIFY ACCESS**

Name: Department:			E-Mail:Position:
Department Dean:			
Is FIS User ID temporary?	YES	NO	Expiration Date:
Requesting an account number wi sub-accounts.		s to the entire accoun	t. Restrictions cannot be given to object or
ADD THE FOLLOWING BUSINI	ESS UNITS:		
			<del></del>
			<del></del>
. Authorization:	*Must	t be signed*	
. Authorization:  You must have Signing Authority o		t be signed* ss Unit(s) in order to a	dd/modify existing access to it.
	on the Busines	ss Unit(s) in order to a	dd/modify existing access to it.  Date:
You must have Signing Authority o	on the Busines	ss Unit(s) in order to a	
You must have Signing Authority o	on the Busines	ss Unit(s) in order to a	Date:
You must have Signing Authority of Authorization Signature: Print Name:	on the Busines	ss Unit(s) in order to a	Date: Department:
You must have Signing Authority of Authorization Signature: Print Name: Submit Form: " -mail:	on the Busines	ss Unit(s) in order to a	Date: Department:
Authorization Signature: Print Name: Submit Form: " -mail:	on the Busines	form, please contact	Date: Department:  tt the System Assistant (ext. 2143)