

# UNIVERSITY FOUNDATION

## Argos Access Request Form

Name \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Position # \_\_\_\_\_

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**Access Needed - when complete, please send the printed form to AL 233  
ATTN: Argos Access, or fax to 285-7060.**

Access is granted based on your job responsibilities and must be approved by your supervisor. Please specify what funds are needed.  
If you do not know, please contact your supervisor.

Fund Number:

Fund Name:

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**If additional space is needed, please attach a separate sheet that includes fund number and fund name.**

Employee signature: \_\_\_\_\_

Fund Authorization: \_\_\_\_\_

Supervisory Authorization: \_\_\_\_\_

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### Foundation Internal Use Only

Approved Access: \_\_\_\_\_ Date: \_\_\_\_\_

Entered on permissions spreadsheet: \_\_\_\_\_ Date: \_\_\_\_\_ Filed: \_\_\_\_\_