Office of the President – Financial Management

Fundriver User Access Request Form

Please submit this completed and signed form to AWS_FCCS_Support_FSS@ucop.edu along with the signed UCOP user agreement form.

Request To:

☐ Add ☐ Change ☐ Remove

Access For: *Identify and/or attach a list, if applicable*

Location _____(*Identify)*

Fund _____ (*Identify or Attach a list if needed*)

Environment:

☐ Report Module ☐ Application Module *(UCOP Only)* ☐ Test *(UCOP Only)*

User Information:

First Name: _____

Last Name: _____

Campus: _____

Dept / Unit: _____

Title: _____

Office Phone: _____ Email: _____

Comments: _____

Requestor Signature: _____ Date: _____

Mirror Access To: *Please provide the User's Full Name*

Full Name: _____

Campus Controller Approval:

Approver Name: _____

Approver Signature: _____ Date: _____

UCOP INTERNAL USE ONLY – DO NOT WRITE BELOW THIS LINE

UCOP Approver Name: _____

UCOP Approver Signature: _____ Date: _____