Fundriver Departmental Reporting Access Request Form

_	1			
Employee Information:				
Name:			Email:	
PID #:			ONYEN:	
Home Dept. #:	Home I		t. Name:	
Manager Name/Title:		Employ	ee Title:	
Please provide Department, Major Campus Unit and/or Business Units for Access:				
☐ Grant ☐ Revoke Please mark if the request is to Grant or Revoke Access.				
Authorization signifies that employee has a business need for the requested access.				
Dean/Department Head:			Title:	
Signature:			Date:	

Please have authorized signer email completed form to investments@unc.edu. Electronic signature is sufficient.