Instructions: To gain first time access, send this completed form along with the ConnectCarolina and Related Applications Access Request Form to your Access Request Coordinator (ARC). To change or terminate access, send this completed form to pcard@unc.edu. Please attach additional sheets if needed to include more department numbers.

Date: _____

*Group Approver

Action *(Select one from the dropdown.)*: _____

Name: _____   ONYEN:_____

UNCCH Email Address: _____

Department Information: _____   ☐ ☐ ☐ ☐ ☐ ☐

                                              Department Name   Department Number

**Group Proxy Reconciler

Action *(Select one from the dropdown.)*: _____

Name: _____   ONYEN:_____

UNCCH Email Address: _____

Department Information: _____   ☐ ☐ ☐ ☐ ☐ ☐

                                              Department Name   Department Number

Scoped Auditor

Action*(Select one from the dropdown.)*: _____

Name: _____   ONYEN:_____

UNCCH Email Address: _____

Department Information: _____   ☐ ☐ ☐ ☐ ☐ ☐

                                              Department Name   Department Number

_____   _____   _____
Bank of America WORKS User First & Last Name   Bank of America WORKS User Signature   Date

_____   _____   _____
Business Manager/Department Head First & Last Name   Business Manager/Department Head Signature   Date