REQUEST FOR ON-LINE ENDOWMENT FUND ACCESS
FUNDRIVER – DEPARTMENTAL FUND ACCOUNT ACCESS

Required information (please print):

Date Requested: _____ / _____ / _____   Supervisor's Name: _____

Supervisor's Email: _____   Supervisor's Phone Number: _____

FUNDRIVER User information (please print):

User Name: _____   U of C Email Address: _____

Business Title: _____   Department: _____

Business Phone:_____   Office Location: _____

Requested Account Access (Please list applicable department or fund):

Department number(s):   _____ _____ _____ _____ _____

Other (please list account number(s)): _____ _____ _____

(Employee Signature) By requesting and receiving access to the **FUNDRIVER** system, I agree not to permit another individual to access the system using my access codes and passwords.

Signature: _____

Name: _____

Date: _____

(Supervisor Signature) I hereby approve this request for access for the above named individual for the accounts indicated. I will notify the Financial Services of any changes to this individual's access.

Signature: _____

Title: _____

Date: _____

Security Administrator Use Only:	Date:

Return the originally signed copy to Jessica Wilson via email at wilsonjm@uchicago.edu or, Financial Services, Suite 300, 6054 S. Drexel, Chicago, IL. USA 60637