

University of Florida Foundation, Inc.
Post Office Box 14425
Gainesville, FL 32604

**UFF Foundation Associate Form
For FAS security**
Submit to:
UF Foundation Finance & Accounting Dept
Email: Financeandaccounting@uff.ufl.edu
392-9503

Associate Name: _____

Email Address: _____

Campus Address: _____

UF ID: _____

Fund Assoc Dept ID: _____

Fund Administrator: Yes No

FAS User: Yes No

Requesting view by (attach a list if necessary): Please check only one box below

Fund(s) only: _____

Dept ID(s): _____

College/Unit: _____

Please contact your Dept Security Administrator (DSA) and request the UF_N_UFF_FAS role in the Access Request System. UFF cannot assign your security for FAS until the role has been approved.

Request approved by fund administrator, chairperson, dean or vice president:

Signature: _____ Date: _____

Printed Name: _____

(For Finance and Accounting Office Use Only)

___ Fund/Dept ID Security

FAS ID: _____

___ Letters Sent

FAS Password: _____

___ Notified DSA

Associate #: _____

Entered by: _____

Date: _____

Replaces: _____

Entered by: _____

Delete former administrator? Yes _____ No _____