| | | - or - ChooseRevised Access replace current access |
|---|------------------|--|
| 2 | AU or Level* | Listthe Level or Aland Description x Level 1 -Division (2 digits) x Level 2 VP/School (3 digits) x Level 3 Program/Area (3 digits) x Level 4 -Department(4 digits) x Accounting unit (6 digits) |
| 3 | Authorized Hoors | For Level access, select the AU Types that the user will need to access. For a detailst, please refer to the Latructure definitions |

4 Authorized Users List the UVID

| 8 | Authorization | Listthe name of the person who submitting the form and the department approver or person authorized to approve the requestor Sponsored Program Accounting Units, this form must be personally endorsed by the Principal Investigator. |
|---|---------------|--|
| 9 | Submit form | Click on the mail button in the upper right corneto send the PDF file as an attachment to Financial Systems@luc.ed@rntcon@luc.ed@should be included on any requests for Signature Authority on Sponsored Program Accounting Units Please remember to copy the Approver on the emaiquest Note: Scanned forms or forms printed to PDF will be returned to the sender for resubmission. |