SMITH COLLEGE

CONTROLLER' S OFFICE

Finance Fund & Organization Security Authorization

Name:
ID#:
Department:
Campus Mailing Address:
Campus Phone:
Email Address:
Supervisor's Name:
Supervisor's Signature:

This individual is granted access to the following funds and/or organizations.

Fund/Organization Name:	**Fund/Organization #:**

Return form to: Jorrel Campbell, Controller's Office, College Hall 204