SMITH COLLEGE

**CONTROLLER' S OFFICE**

# Finance Fund & Organization Security Authorization

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|---|
| **Name:** |
| **ID#:** |
| **Department:** |
| **Campus Mailing Address:** |
| **Campus Phone:** |
| **Banner User ID/Email Address:** |
| **Supervisor's Name:** |
| **Supervisor's Signature:** |

**New Finance User:** ☐ **Existing Finance User:** ☐

**If existing user, reason for access to new Funds/Orgs:**
**Added Funds/Orgs for current position:** ☐

**Changed position (changed depts/new role):** ☐

**Other:** ☐

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

| Fund/Organization Name: | Fund/Organization #: |
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**Return form to: Controller's Office, College Hall 204**