



## Fund Access Form

Date \_\_\_\_\_

Fund Number \_\_\_\_\_ Fund Name \_\_\_\_\_

If you are requesting a change of access to multiple funds, please attach a list of all fund numbers and corresponding names. MCGF does not require a separate form to be completed for each fund change.

### Request to Add

Name \_\_\_\_\_ Campus Location \_\_\_\_\_

Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Department \_\_\_\_\_ Phone Number \_\_\_\_\_

Fund Access Level:

Report Recipient

Signatory (provide signature sample below)

### Request to Remove

Name \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Reason \_\_\_\_\_

### Department Authorization

\_\_\_\_\_  
Dean or Department Chair                      Date

\_\_\_\_\_  
Print Name

Please submit all original documents (this form and supporting documentation) to :  
MCG Foundation at 720 St Sebastian Way Suite 150 Augusta, Georgia 30901 (Attn: Accounts Payable)

Please refer to our Fund Maintenance and Administration policy for more details.