



Request for Web Access to Financial Fund Reports

This form is used to request an employee web access to the Foundation financial fund reports which are found at <https://reports.foundation.fsu.edu>.

Section I – Employee Information

Name _____
Last First MI
College _____ Department _____
Phone Number (____) _____ Email Address _____
FSU OMNI UserID _____

Section II – Requested Access

Please select one of the following options:

All funds for the following College _____

Funds associated with the following departments:

Specific funds (please list below or attach a complete list to this form):

Fund Number	Fund Name
_____	_____
_____	_____
_____	_____
_____	_____

Section III – Employee Acknowledgement

I acknowledge that I occupy a position of special trust with duties and responsibilities that bring me into contact with information or information sources that are of value to the FSU Foundation, and that require confidentiality and privacy protection. I likewise understand and agree that I am to uphold and abide by the provisions, including penalty provisions, stated in Section 228.093, Chapter 119, F. S. and other applicable state laws, as well as University and BOR rules, policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report a violation of laws and rules, policies or procedures to my supervisor, the FSU Foundation, and other persons designated to handle confidentiality and privacy protection security violation. I agree to protect my UserID and related passwords from unauthorized used at all times and understand that activity logged to my UserID is my responsibility.

Signature of Employee

Date

Section IV – Approval of Responsible Party or Designee

Signature of Responsible Party or Designee

Printed Name

Date

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Updated By

Date