

Norfolk State University
Colleague Financials Signature Authorization Form
Office of Information Technology - Application Services
(forward original form to MCAR Suite 401)

Type of Access Requested

NEW

MODIFY

DELETE

Department / Project Information

Department/Project Name

Department/Project Number

Data Entry Personnel Information

Primary's Name: _____

Colleague User ID: _____

Alternate's Name: _____

Colleague User ID: _____

Approval Signatures

Name (Print or Type)

Colleague User ID

Signature

PI/Department Head: _____

Director/Dean/Title III*: _____

** if Project Number begins with "F214" then requires Title III Signature*

Provost / Vice President: _____

President (if required): _____

APPLICATION SERVICES USE ONLY

Approval Class: _____

Additional Notes: _____

Processed by: _____

Date Completed: _____

User Notified

Date: _____