**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMO TO**: acctchange@uhfoundation.org OR UH Foundation Fiscal Office

 P.O. Box 11270, Honolulu, HI 96828

**FROM**: *Name, Title, Dept./College/Campus*

 *Email, Phone #*

**SUBJECT**: Change in Account Administrator with Signing Authorization

Please revise the Account Administrator Authorization for UHF Account(s):

 [ ]  *#XXX-XXXX-X – Name of Project*

 *OR*

[ ]  See attached list

|  |  |  |
| --- | --- | --- |
|  | **REMOVE** | **ADD** *(Must be APT level or above)* |
| **Name:** |  |  |
| **Title:** |  |  |
|  | [ ]  Retired/No Longer Employed |  |
| **Phone #:** |  |  |
| **Hawaii.edu email:** |  |  |
| **UH User ID:***Used to sync w/ STAR System*  |  |  |
| **Sample Signature:** | Not needed for Removal |  |
| **UHF USE ONLY** |
| **PEID:** | A | A |

**Reason for Change**:

**Authorized by:**

(Only current account administrators, chancellors, deans, and directors can authorize changes)

Name, Title

\*\*Acceptable forms of signatures: 1) electronic signature accompanied by an audit report to verify the signature route or an embedded valid digital certificate, 2) PDF version of scanned document with wet signature. Documents with clipped images of signatures are NOT valid.