THE UNIVERSITY OF GEORGIA FOUNDATION
Request for Access to the IFAS System

Clear Form

A request should be completed for each individual needing access to the Foundation's accounting and reporting system known as IFAS (Integrated Financial and Administrative Solution). All users must be familiar with the Foundation's policies and procedures located at http://www.alumni.uga.edu/ugafoundation. Completed requests for access should be routed for appropriate department and unit approvals and then sent via campus mail to: IFAS Access, Milledge Center, Room 100.

Type/Print Name: _____ UGA MyID: _____

Title: _____ Email Address: _____

Department/Unit: _____ Dept No.: _____

Campus Address: _____ Phone No.: _____

Please Check One: ☐ New Access Account; ☐ Change to Existing Account; ☐ Remove Existing Account

Indicate level of access requested in the space provided below by using the following parameters:

1. Unit level - list names of the applicable schools, colleges, or units from the UGA organization chart.
2. Department level - list names and numbers of the applicable departments from the UGA department listing.
3. Account level - list individual account numbers if request is for only a few accounts but not the whole unit/department.

NOTE: For any unit or department given, user would have access to all accounts benefiting the selected unit/department including accounts added later. UGA organization chart and department listing can be obtained through ARROW.

_____

_____

TERMS OF USE AND CONFIDENTIALITY STATEMENT:

As an employee of the University of Georgia, I am aware that any information, data, or materials I will have access to in the IFAS system are to be treated in a confidential and professional manner. I agree the information will only be used for the support of internal departmental functions and may not be disclosed to any third party or used for any purpose other than University related business. I have read and understand the policies and procedures of the University of Georgia Foundation and will adhere to them. I will implement adequate physical security procedures and protect my login and password to guarantee that unauthorized persons do not have access to the IFAS system or its information. I understand IFAS uses an Internet-based connection which should not be left running unless it is actively being used. I understand that failure to follow these guidelines could result in the revocation of access. By signing below, I agree to abide by the aforementioned guidelines.

Signature: _____ Date: _____

APPROVALS:

The request for access must be approved by the primary persons responsible for Foundation business for the unit(s) and department(s) indicated above. In most cases, this will be the Vice-President, Dean or Director of the applicable unit.

Department Head: _____
(IF APPLICABLE) SIGNATURE TYPE/PRINT NAME DATE

VP/Dean/Director: _____
SIGNATURE TYPE/PRINT NAME DATE

********The Area Below Is For Use By The **Information Technology Department** Only*********

User ID: _____ Assigned By: _____

Password: _____ Date: _____