



Financial Edge Account Request Form

User and Department Information
GSU Campus ID: (Ex: jdoe21)
Name of User:
Title:
Department\College:
Contact Person:
Contact E-mail:
Contact Telephone:
Date of Request:

Requested Action

- ☐ **Add a New User:** *(List all Project Ids new user should access below.)*

Project ID	Project Name

- ☐ **Inactivate an Existing User** *(Listed above)*
- ☐ **Modify an Existing User** *(Please give instruction below)*

- ☐ **WEB INVOICE** *(Please check one below)*

___ **Data Entry**

___ **Approver**

- WEB INVOICE ONLY** *(User does not need FE access)* ☐

*In accepting access to Financial Edge, I agree to the following: 1) to treat all information accessed thorough Financial Edge in a confidential manner, 2) to change my password upon initial login, 3) to not share my password with any other individual(s) and 4) to **properly** log out of Financial Edge when not actively using the application. ALL new users are required to go through Basic Navigation training before receiving their ID and password.*

Signature of User\Employee:

Date:

Signature\Approval of Chairman\Director	Date
Signature\Approval of Dean\Vice President	Date

**Mail or Email form to: Georgia State University Foundation, Attn: FE Security Administrator,
P.O. Box 3963, Atlanta, GA 30302-3963
Phone (404) 413-3444, Email: foundation@gsu.edu**