



Email completed forms to the Med Foundation:

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## Med Foundation Business Unit Access Request Form

Employee Information			
Name/Title:		Phone/Email:	
PID #:		ONYEN:	
Home Dept #:		Home Dept. Name:	
Manager Name/Title:		Manager Phone/Email:	
Special Data Level Access Needed			
<b>Business Units:</b>			
View	Revoke	CHMED	
Please provide justification for Foundation business unit access requests. This access must be approved by the authorized contact responsible for the Foundation.			

**Please note:**

In requesting CHMED access, Infoporte access will also granted to the following functions for the School of Medicine department level: Financial Reporting, Ledger Rollup, and Transactions.

Authorization signifies that employee has a business need for the requested access.			
Dean/Dept Head Name:		Title:	
Signature:		Date:	