

**Business Manager access to Faculty financial, position, and research information**

**Faculty Authorizing Access:**

Faculty Name: \_\_\_\_\_

Home Department: \_\_\_\_\_

Rensselaer e-mail: \_\_\_\_\_ RIN: \_\_\_\_\_

I understand that my signature authorizes \_\_\_\_\_  
Individual Name  
in \_\_\_\_\_ to view all of the financial transactions and  
Center/Department Name  
activities on all funds listing me as fund financial manager (upon completion of the appropriate authorization process).

Faculty signature authorizing access: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

**Faculty Home Department Business Manager authorizing access:**

Name: \_\_\_\_\_ Rensselaer e-mail: \_\_\_\_\_

RIN: \_\_\_\_\_ Department name: \_\_\_\_\_

Signature authorizing access: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**Faculty Portfolio Business Manager authorizing access:**

Name: \_\_\_\_\_ Rensselaer e-mail: \_\_\_\_\_

RIN: \_\_\_\_\_ Department name: \_\_\_\_\_

Signature authorizing access: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**Research Center/Department Business Manager granted access:**

Name: \_\_\_\_\_ Rensselaer e-mail: \_\_\_\_\_

RIN: \_\_\_\_\_ Department name: \_\_\_\_\_

Signature authorizing access: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**VP of Research Portfolio Business Manager authorizing/confirming access:**

Name: \_\_\_\_\_ Rensselaer e-mail: \_\_\_\_\_

RIN: \_\_\_\_\_ Department name: \_\_\_\_\_

Signature authorizing access: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_