



UNIVERSITY of
NEW ORLEANS
Foundations

Change of Foundation Account Administrator

Department Name: _____

Effective Date: _____

Contact Person: _____

Ext: _____

Account Title: _____

Project Acct. No: _____

Previous Administrator: _____

Type or Printed Name

New Administrator: _____

Type or Printed Name

New Administrator Signature: _____

Approval: _____

Dean, Director or Vice President

Date: _____

*Request has to be signed by department or college administrator in order to be processed.

Return completed form to:

Andrew Pitman
University of New Orleans Foundation
Advanced Technology Center Suite 420
Ext: 1100