



**UNIVERSITY OF  
NOTRE DAME**

**Change of Authorizations**

**Restricted Funds**

*Please indicate changes to be made:*

Name of Current Budget Administrator: \_\_\_\_\_  
*(Please Print)*

Name of New Budget Administrator: \_\_\_\_\_  
*(Please Print)*

Name of Individual to have access to Account Records: \_\_\_\_\_  
*(Please Print)*

***Please list all FUNDS to which the changes will apply:***

Fund Title	Fund Code

*Please sign your name:* \_\_\_\_\_

*Please print your name:* \_\_\_\_\_

*Return to:*                      Research & Sponsored Programs Accounting  
800 Grace Hall  
FAX: (574) 631-8549