ASU System Foundation, Inc.
Account Name and Purpose Change

Date: _____ **Contact Name:** _____ **Campus:** Select Campus

Department: _____ **Phone:** _____

Request type: Select type

Account name: _____ **Account number:** _____

Account purpose: Select one

New Account Name:

Account Purpose Change:

Reason for Change: *Attach letter of authorization from donor.

Approvals:

Account Controller

Dean/Department Head

Provost/Vice Chancellor

Please email completed form and supporting documentation to
systemfoundation@asusystem.edu
Contact us at 870-972-3362 for assistance.

For System Foundation Use Only:

Approved by: _____