

Athena Financial Reporting Access Request

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I agree not to disclose any confidential financial information obtained by accessing the UTRGV network and/or other information systems, including computer systems, or otherwise to any unauthorized party. I agree not to access or use any confidential financial information unless I am authorized to do so. I agree that all financial information shall be held to the highest level of confidentiality.

Name:	_Employee ID:	Phone:
Email:	Athena Username:	
Job Title:		
Which financial reports are you requesting?		
Supervisor Signature		
Printed Name:	Signature:	Date:
Non-UTRGV Employees		
Copy of government issued photo ID re Sponsorship by Senior Director of Clini required		or of Clinical Administration
Senior Director of Clinical Operatio	ns	
Printed Name:	Signature:	Date:
Senior Director of Clinical Administ	ration	
Printed Name:	Signature:	Date:

**Please note that it may take up to 2 business days for your request to be processed.