REQUEST FOR ACCESS/PERMISSIONS TO JENZABAR MODULES

This form MUST be completed and returned to the I.T. department

ID # _____   NAME: _____

DEPARTMENT: _____   ☐ **Please check if Student Worker**

DEPARMENT MANAGER'S SIGNATURE & DATE: _____

Please check the box (es) for which you are requesting permission and have the Module Manager SIGN and DATE this form.

Module	Level	Manager of Module being requested	Date Signed
ADMISSIONS	☐ ADMIN ☐ MANAGER ☐ USER ☐ VIEW	_____ Signature – Patrick McElhaney	_____
BUSINESS OFFICE ☐ A/P TYPE: ☐ A/R ☐ G/L	☐ ADMIN ☐ MANAGER ☐ USER ☐ VIEW	_____ Signature – Luke Robinson	_____
FINANCIAL AID	☐ ADMIN ☐ MANAGER ☐ USER	_____ Signature – Colleen Lassiter	_____
REGISTRATION	☐ ADMIN ☐ MANAGER ☐ USER ☐ VIEW	_____ Signature – Bethany Brady	_____
STUDENT LIFE	☐ ADMIN ☐ MANAGER ☐ USER ☐ VIEW	_____ Signature – Billy Watson	_____

NEED ACCESS TO NOTEPAD   ☐ YES   ☐ NO

NO REQUEST FOR ACCESS OR PERMISSION TO ANY JENZABAR MODULE WILL BE GRANTED UNTIL THIS FORM IS COMPLETED BY THE PERSON MAKING THE REQUEST AND SIGNED BY THE MANAGER OF THE MODULE BEING REQUESTED