



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

DEPARTMENT 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.

<u>Module</u>	<u>Level</u>	<u>Manager of Module being requested</u>	<u>Date Signed</u>
ADMISSIONS	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Patrick McElhaney	_____
BUSINESS OFFICE TYPE: <input type="checkbox"/> A/P <input type="checkbox"/> A/R <input type="checkbox"/> G/L	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Morgan Reynolds	_____
FINANCIAL AID	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER	_____ Signature – Colleen Lassiter	_____
REGISTRATION	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Bethany Brady	_____
STUDENT LIFE	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Chris Hamilton	_____

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*****

