



## 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>
<b>ADMISSIONS</b>	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Patrick McElhaney	_____
<b>BUSINESS OFFICE</b> 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 – Cassie Potts	_____
<b>FINANCIAL AID</b>	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER	_____ Signature – Colleen Lassiter	_____
<b>REGISTRATION</b>	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Gina Floyd	_____
<b>STUDENT LIFE</b>	<input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> USER <input type="checkbox"/> VIEW	_____ Signature – Liz Barnes	_____

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\*\*\***

