



University Relations Advancement Services
Advance Account Information

Please return completed form to: Advancement Services DAC 312 or fax to 2390

Department: _____

Name: _____ Title: _____

Email Address: _____ Phone: _____ FAX: _____

Replacing whom? _____

Network Username: _____ USD ID Number: _____

Advance Password: (Must attend training to receive password) _____

University policy prohibits the sharing of logon information

Training Scheduled: _____

Security Rights Needed: (Circle all that apply)

BIO Inquiry Maintenance All Affiliations Committees Sport Mailing Lists Student Activity Bank Cards (Alumni Assoc. Card)

GIFT Inquiry Maintenance Segments

PROSPECT Inquiry Maintenance

SUPERUSER

Signatures:

Employee _____ Supervisor _____

Date _____ Date _____

For Database Admin. Use

ID: _____

Staff Table?: Yes No

Completed By & Date: _____