



**University Advancement Services**  
**Advancement CRM Account Information**

Please return completed form to: Advancement Services DAC 312

**Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Replacing whom?** \_\_\_\_\_ **\*Previous user rights will be granted\***

**Network Username:** \_\_\_\_\_ **USD ID Number:** \_\_\_\_\_

**Advancement CRM Permission Access:** (Must attend training to receive access)

**University policy prohibits the sharing of logon information**

**Training Scheduled Date:** \_\_\_\_\_

Please contact Susana Gomez (susanagomez@sandiego.edu)

**Signatures:**

**Employee** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_