

## PIONEER CARD ACCESS REQUEST NEW USER (SODEXO)

Rev: 070711

NEW USER INFORMATION			
NAME:		DU ID#:	
EMAIL ADDRESS:		PHONE:	
DEPARTMENT:			
JOB TITLE:			
IMPORTANT:			
<ul> <li>All new Pioneer Card user <u>http://www.du.edu/hr/down</u></li> </ul>		ete the Confidentiality Statement ntialityStmtInfo.pdf	online:
All new Pioneer Card user	rs will be sent	training materials upon account of	creation.
We reserve the right to rei the University of Denver /		at anytime. Access will be revoke	ed upon termination from
Form Prepared By:		Preparer's Phone:	Fax:
APPROVING SIGNATURES			
Comments:			
1. Sodexo General Manager	Date	2. ID Office (fax: 14662)	Date
2 AIS (fav. 17000)	Doto		
3. AIS (fax: 17998)	Date		

After obtaining all required signatures, please submit this form to the Pioneer ID Card Office for processing. The ID Office will then submit the form to Administrative Information Services (AIS).