

USER INFORMATION

NAME: _____ DU ID#: _____ PHONE: _____

EMAIL ADDRESS: _____ USERNAME: _____

DEPARTMENT: _____ JOB TITLE: _____

Please, check appropriate boxes below:

1. View financial aid information:

YES NO

2. Access to financial aid reports:

YES NO

College: _____ Level: _____

3. Submit awards for students:

YES NO

If yes, please indicate fund codes in the box below.

4. Work-Study Supervisor:

YES NO

PLEASE LIST FUND CODES (Attach a separate sheet if necessary)

Additional Information:

Form Prepared By: _____ Preparer's Phone: _____ Fax: _____

APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager _____ Date _____

2. Division Head/Budget Officer _____ Date _____

3. Financial Aid Signatory _____ Date _____
Karen Woodrum, Office of Financial Aid (fax: 12341)

4. AIS (fax: 17998) _____ Date _____

After obtaining all required signatures, please submit this form to Administrative Information Services (AIS) for processing.