



Portal Access Request Form

Name	College <i>(no abbreviations)</i>
_____	_____
Title	Department <i>(no abbreviations)</i>
_____	_____
UIN #:	Email Address
_____	_____

Please select which access is appropriate. In the blank provided, please indicate which College and/or Department the access is being requested for.

College-Level Access

Colleges Needed: _____

Department-Level Access

Departments Needed: _____

Access Type - Each access type that is requested for the user must be justified in the blank provided.

Hire _____

FDL _____

Credentialing _____

TOPS _____

Electronic Signer
*Only faculty members with administrative titles may be given this role (Ex. dean, executive associate dean, department head, assoc. /assist. department head)

I hereby grant the following person the authority to approve and sign on my behalf in the Dean of Faculties Portal with regards to the access type(s) indicated above.

Applicant Signature Date

Dean or Department Head Signature Date