



# Blackbaud Award Management - Access Request Form

Provide information requested in each section. Failure to fill out this form completely and accurately will result in a processing delay.

### APPLICANT INFORMATION

Last Name		First Name		MI	<b>Position (check one):</b> <input type="checkbox"/> Full-Time Faculty <input type="checkbox"/> Part-Time Faculty <input type="checkbox"/> Department Chair <input type="checkbox"/> Staff <input type="checkbox"/> Other
Employee ID Number:		Network User Name			
Email Address:		Office Extension:			
College/Division					
Department					
Job Title					

Describe specific job duties and tasks that require access to the Supplemental Student Information stored within the Blackbaud Award Management System.

Applicant Signature:		Date:

### Access Approvals:

Scholarship Liaison:			Date:
	Print Name	Signature	

### System Approvals and System Access Definitions:

Financial Aid/Scholarships:			
	Print Name	Signature	Date
BAM System Administrator:			
	Print Name	Signature	Date
Add Role(s)	<input type="checkbox"/> Reviewer <input type="checkbox"/> Reviewer Chair		
Remove Role(s)	<input type="checkbox"/> Reviewer <input type="checkbox"/> Reviewer Chair <input type="checkbox"/> Other _____		

By signing this request, all signatures affirm that the job duties described above meet the requirements for granting access to the Blackbaud Award Management System. To cancel an Access Request Form, it is the Scholarship Liaison's responsibility to email the Scholarships Unit at [scholarships@calstatela.edu](mailto:scholarships@calstatela.edu).