Charles R. Drew University of Medicine and Science

RESET FORM

APPLICATION ACCESS REQUEST FORM

APPLICATION	DATA OWNER
GP Human Resources	Nicola Martin
GP Finance/AP/AR/GL related and SRS	Elizabeth Baskerville
PowerCampus or Power Campus SRS Reports	Raquel Munoz
Power FAIDS	Michael Tocydlowski
Raiser's Edge	Angela Minniefield
AMCAS	Daphne Calmes
ERequester	Elizabeth Baskerville

A SEPARATE FORM IS REQUIRED FOR EACH APPLICATION

Date:	***Application being requested:*** Raiser's Edge

Last Name:	***First Name:***
Department:	***Phone:***

PRINTED name of Data Owner:	***Data Owner SIGNATURE:***

Set up like a current user? NO ☐ YES ☐	***If YES, who?***
If NO, describe in detail what modules and level of security to apply:	

Is person a Consultant? NO ☐ YES ☐	***Expiration date for Consultant's access:***
Is person a CDU Student? NO ☐ YES ☐	

Please return to: **Information Systems Department**
Cobb Building, Room 235
Email: helpdesk@cdrewu.edu

FOR INFORMATION SYSTEMS DEPARTMENT USE ONLY

Account created by:	***Date:***
CIO Approval:	***Date:***

Version 07/03/2019-1