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MICHIGAN STATE  
UNIVERSITY

IT Services Use Only  
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**IT Services Access Request Memorandum**

Send to: Information Technology Services  
450 Auditorium Road, Room 404 -- Phone: 432-6200

**Requestor Information**

Name (Printed)	Phone	Date Prepared	Date Needed

**Type of Request (Check One)**

Add User Access     Change User Access     Delete User Access

**User Information**

Full Name	Address	Phone	Employee ID (ZPID or MSUNetID)
Descriptive Job Title	Department Name	Organizational Unit (CUC)	Account #

**Request Purpose: Grant access to SCHOLARSHIPS & AWARDS (L2104)**

Select group below (based on organizational unit/role) for person named above (check \*one\*):

- Endowment/Financial View Only      - L2104 Endowment/Financial View
- Endowment/Financial Reinvest/Hold    - L2104 Endowment/Financial View plus  
Please specify unit(s) for which persons above administer awards
- 2 Digit MAU Code that user can make endowment reinvest/hold requests for
- 5 Digit CUC Code that user can make endowment reinvest/hold requests for

Rev: 12/01/10 (L2104EF)

**For Authorized Signers Only:**

Signature & Printed Name of Unit Head or Access Approver Responsible for User X _____	Date: _____
Signature & Printed Name of Application Steward Responsible for Application Data X _____	Date: _____

**This Section to be Completed by Information Technology Services**

User ID(s)	Comments:	Completed By
		Completion Date