



Request for Student Systems Access Form

jpeter@samuelmerritt.edu - Telephone: 510-869-6919 – Fax: 510-869-1501

Please obtain all necessary signatures and submit to the Jacqueline Peter

Name		
Department		
Title		
Telephone		Email
Campus		
Building/Room #		
Is this a request for a new user? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Should access be modeled after a current/former employee(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(If yes) Employee's Name:		
PowerCAMPUS – model after: _____		
PowerFAIDS – model after: _____		
SMURF – model after: _____		
Student Health – model after: _____		
Is this a request for additional access? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(If yes) Which Screens/Modules are you requesting?		
(Note: If you are requesting access to information outside of your department, you must obtain signed permission from the department director) *		
Approvals:		
Signatures for PowerCAMPUS depend on access requested, PowerFAIDS requires Financial Aid signature, SMURF and Student Health require Registrar signature		
* Admission:	_____	Date: _____
* Alumni:	_____	Date: _____
* Financial Aid:	_____	Date: _____
* Student Accounts:	_____	Date: _____
* Registrar:	_____	Date: _____
FERPA Agreement signed: <input type="checkbox"/> YES Date: _____		