

The University of Georgia
External Affairs Division
Special Access Request
For **ASCEND**

Date: _____

Print Ascend Users Name: _____ Print Ascend User ID: _____

Ascend User Signature: _____

Type of special access requested: _____

Purpose: _____

***** Please attach a copy of individual's Ascend Confidentiality statement *****

The additional access requested will be treated in a confidential and professional manner.
I will be responsible for ensuring the proper training and interpretation of all special access information
provided from the Ascend database system.

Authorized Requestor (DeptHead/Mgr/Dir): _____ (print name)

Authorized Requestor (DeptHead/Mgr/Dir) Signature: _____

***** External Affairs - Authorizing Units Use Only *****

Constituent Based Programs Signature: _____ if applicable

Approval Signature: _____ (ADD/Ext Aff)

Approval Date: _____

***** Information Technology Department Use Only *****

IT Dept - Activation Date: _____ IT Dept - Assigned by: _____

01/29/07 cb