REQUEST FOR ACCESS - UGA Online Giving System

Access Type

___ Proxy User (Gift Accounting)
___ Proxy User (Campus)
___ Report Viewer

Contact Information

__________________________________
Type/Print Employee Name

__________________________________
UGA MyID of Employee

__________________________________
College/Unit/ Department Name

__________________________________
IP of dedicated credit card processing computer

__________________________________
Email

__________________________________
Phone

By signing below, you are agreeing that the access granted will be treated in a confidential and professional manner. The information you have access to will be used only in the conduct of official internal business of your department, college or unit and may not be disclosed to any third party. You also agree that all e-commerce transactions will be submitted using a computer that is dedicated for that purpose according to our Proxy User Access policy (http://www.externallaffairs.uga.edu/policies(nodes/view/418)

__________________________________       _____________
Employee Signature                                                                   Date

NOTE: User IDs and passwords may not be shared. Do not give your password to anyone.

Authorized Requestor / Department Head

The Authorized Requestor is responsible for ensuring individual employees given access have the proper authority to view reports or perform transactions by proxy within the External Affairs Online Giving System.

__________________________________ _______________________________ _____________
Type/Print Name     Signature                   Date

Information Technology Department Use Only

Assigned by: ___________________________    Activation Date: ___________________________

Please mail/bring this form to: Jennifer Hancock  Milledge Center 394 S. Milledge