CENTRAL ALABAMA COMMUNITY COLLEGE
Campus Key Authorization Request

SECTION I: Check any Role you are requesting or make specific Form/Screen requests in Section II below:

Student Services Module – Financial Aid

Job Role: Financial Aid Administrator _____

Financial Aid Assistant _____

Financial Aid Director _____

Justification for access to Non-Credit Module Forms (To be completed by Requesting Employee)

_____

_____

SECTION II: FORMS/SCREENS: Additional Access - Please list additional requests below:

Add ___ Remove ___ Form _____

Add ___ Remove ___ Form _____

Add ___ Remove ___ Form _____

Add ___ Remove ___ Form _____

Requested by – Please print name _____
Printed Name *Date*

Supervisor Approval: _____
Signature *Date*

Institutional Effectiveness,
Research and Compliance Approval: _____
Signature *Date*

Director of Financial Aid Approval: _____
Signature *Date*

Dean of Students Approval: _____
Signature *Date*

For IT and IERC Use Only:

Action Taken	*Initial*	*Date*
Information Technology (IT) Processed		
IT Notified User Access Completed		
Logged in Audit File By IERC		