

CUP Technology Access Request

Submit to: solutions@cu-portland.edu

User Information	
Full Name (First, MI, Last):	
Preferred Name:	Title:
Work Address:	
City, State, ZIP:	
Work Phone:	Work Email:
DOB: (MM/DD/YYYY, for data integrity purposes only)	Recovery Email:

Partner Information	
Partner Org:	
Department: <input type="checkbox"/> Admission <input type="checkbox"/> Registrar <input type="checkbox"/> Student Services <input type="checkbox"/> Financial Aid <input type="checkbox"/> Finance <input type="checkbox"/> HR <input type="checkbox"/> Other: _____	

Technology Information	
Access Needed: <input type="checkbox"/> Banner INB <input type="checkbox"/> BDM (Xtender) <input type="checkbox"/> Argos <input type="checkbox"/> Blackboard <input type="checkbox"/> Email <input type="checkbox"/> Other: _____	

Banner INB Access Request		
Banner INB Security Group:	Other:	
BDM Xtender Access Request		
BDM Security Group:	Other:	
Argos Access Request		
Report Name	Add	Remove

Authorization – Requesting Supervisor		
Vendor Partners: This must be a designated contact at your organization for technology access requests. For more information on who is designated to approve your request, please review this article: http://kb.concordiaonline.org/Requesting+Access+to+COEdu+Resources		
Signed:	Name:	
Title:	Org:	Date: