



University
of Windsor

RAISER'S EDGE SYSTEM ACCESS REQUEST FORM

1. User Information:

Name: _____ Ext: _____ UWIN ID: _____
Current
Department: _____ Position: _____
Temporary use? YES NO Expiration Date: _____

Activate New User:

Disable Current User:

2. Authorization by Supervisor

Authorization Signature: _____ Date: _____

Print Name: _____ Department: _____ Ext: _____

NOTE: If the user is not a staff member of Alumni & Donor Records, University Campaign Office or 7 _____, please provide an explanation as to why Raiser's Edge access is required .

RAISER'S EDGE – ADMINISTRATOR USE ONLY

Authorization Signature: _____ Date: _____

Raiser's Edge Security Group: _____

Other Comments: _____

Submit completed form to jennifer.hirlehey@uwindsor.ca for processing.

****No faxes or hard copies are required****

Please direct any questions to Elaine Clark at ext. 2141.