



# D2L ACCESS REQUEST

( Send Completed Forms to Center for Teaching and Learning)

Box 13038 or Fax To x1308

Instructions: This form is to be completed for all new employees or employees transferring to another department at SFASU as well as individuals not employed by the university requiring access to D2L. The first box only is to be completed by the person requesting access to the D2L system. The remainder of the form is to be completed by the employee's supervisor or person in authority over non-employees with the appropriate areas marked where access is needed.

SFA EMPLOYEE       NON-SFA EMPLOYEE (Military Science, UT Health Science Center, Temp Service, etc.)

Legal Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Ext: \_\_\_\_\_ SFA E-mail (if assigned): \_\_\_\_\_

The information below is required when requesting accounts for SFA employees:

CID # : \_\_\_\_\_ mySFA User Name (if assigned): \_\_\_\_\_

Actual SFA Job Title (incl. levels, if applicable): \_\_\_\_\_  
(EX. - Asst. Admin, Chair, Accountant III, Acctg Clk II, Student Asst.)

## TYPE OF ACCESS REQUESTED

(To be completed by Supervisor Or Person Of Authority Over Non-Employees)

ACCESS:     NEW       MODIFY (Describe requested change below - additional access, duties, transfer, etc.)

Reason for modification: \_\_\_\_\_

Does this access model a previous or current employee?     YES     NO

If yes, please give employee name: \_\_\_\_\_

Requesting access to data in (mark below only those that apply to your specific job duties):

If this request is to modify access, only mark the new access being requested. You do not need to mark access you already have.

- \_\_\_\_\_ Administrator
- \_\_\_\_\_ Student Support
- \_\_\_\_\_ HelpDesk
- \_\_\_\_\_ Builder/Librarian
- \_\_\_\_\_ Instructor
- \_\_\_\_\_ Student

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Name (Please Print): \_\_\_\_\_