UNIVERSITY OF ARKANSAS REQUEST FOR AFFINAQUEST USER ACCESS

Fill out all fields on this form. Print a copy and obtain the necessary signatures. Mail or email to one of the addresses listed at the bottom of this form. For College and Department end-users to receive access to Affinaquest, please obtain a signature from your College DOD.

Name:	Title:
College:	ADC Employees (Circle): CES AES
Department:	Campus Address:
UARK Email Address:	Campus Phone:
University ID:	Mailing Address:
Employee's Signature:	Date:
Supervisor Signature:	Date:
Please describe your administrative	role and needs with regards to Advancement data:
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Send Completed Forms To:	
	For ADC:
Send Completed Forms To: For UAF:	
Send Completed Forms To: For UAF: IT&DM	For ADC: Agricultural Development Council
Send Completed Forms To: For UAF: IT&DM Attn: Robyn Hinds	For ADC: Agricultural Development Council Attn: Patty Siebenmorgen
Send Completed Forms To: For UAF: IT&DM Attn: Robyn Hinds Phone: 479-575-4135	For ADC: Agricultural Development Council Attn: Patty Siebenmorgen DTAS 204

STATEMENT OF CONFIDENTIALITY DIVISION OF ADVANCEMENT UNIVERSITY OF ARKANSAS, FAYETTEVILLE AGRICULTURAL DEVELOPMENT COUNCIL

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Signature:	Date:	
Printed Name:		