

<p align="center">UNIVERSITY OF ARKANSAS REQUEST FOR ADVANCE AND/OR CRYSTAL REPORTS ID</p>
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Fill out all fields on this form. Print a copy and obtain the necessary signatures. Mail or fax to one of the addresses listed at the bottom of this form. For College and Department end-users to receive access to Advance, please obtain a signature from your College DOD.

<b>Name:</b> _____	<b>Title:</b> _____
<b>College:</b> _____	<b>ADC Employees (Circle):</b> CES   AES
<b>Department:</b> _____	<b>Campus Address:</b> _____
<b>UARK Email Address:</b> _____	<b>Campus Phone:</b> _____
<b>University ID:</b> _____	<b>Mailing Address:</b> _____
<b>Employee's Signature:</b> _____	<b>Date:</b> _____
<b>Supervisor Signature:</b> _____	<b>Date:</b> _____

**Circle the appropriate option(s)**

**Please indicate the database system(s) for which you are requesting access:**

<b>Advance</b> (For access to donor records and scholarships data. See note below for information on the ledger.)	<b>Crystal Reports</b> (For access to weekly gift reports or other regularly scheduled reports.)
<b>Please describe your administrative role and needs with regards to Advance data:</b>	
<b>Send Completed Forms To:</b>	
<b>For UAF:</b> AITS Attn: Robyn Hinds Phone: 479-575-4135 Scan-Email: robynh@uark.edu	<b>For ADC:</b> Agricultural Development Council Attn: Patty Siebenmorgen DTAS 204 1371 W Altheimer Drive Fayetteville, AR 72704 Scan-Email: psiebenm@uark.edu

STATEMENT OF CONFIDENTIALITY  
OFFICE OF DEVELOPMENT  
UNIVERSITY OF ARKANSAS, FAYETTEVILLE  
AGRICULTURAL DEVELOPMENT COUNCIL

Advance is a licensed database system used to maintain alumni and donor records at the University of Arkansas at Fayetteville and Agricultural Development Council. Advance is the sole property of the Division of Advancement at the University of Arkansas and University System Division of Agriculture. These divisions reserve the right to authorize or deny access to Advance to ensure confidentiality of the data contained therein. Users of Advance are expected to abide by the Code of Computing Practices for the University of Arkansas. Signing your name below indicates that you have read and understand the Code of Computing Practices and that you will use Advance for only lawful and intended administrative purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_