

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST FOR
BLACKBAUD REPORTING SOLUTION USER ID**

Fill out all fields on this form. Print a copy and obtain the necessary signatures. Email to the campus contact listed at the bottom of this form.

Campus: (check one) **System** **UAF** **ADC** **UALR** **UAMS** **CI** **UAM** **UAPB** **UACCB** **UACCM**

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Title: _____ **Email Address (Required):** _____

Campus Address: _____ **Campus Phone:** _____

If current user, list user name

Hierarchy Level: (Recommended)

Department Level Access: Requires Dept Head Signature / College Level Access: Requires Dean's Signature

Campus: _____

College: _____

Department: _____

Sub-Department: _____

Individual project level authority is available upon approved request. Contact Robyn Winkle at robyn@uafound.org

Employee's Signature: _____ **Date:** _____

DOD's or Project's Signatory: _____ **Date:** _____

Department Head's Signature: _____ **Date:** _____

Associate VP/College Dean's Signature: _____ **Date:** _____

Send Completed Forms to: Please initial approval for Foundation to setup as indicated

- _____ **For UAF:** Chris Farris / AITS Office / UPTe 229 / Fax: 479.575.4135 / cmfarris@uark.edu
- _____ **For ADC:** Patty Siebenmorgen / Office of the VP Agri / AFLS 206 / Fax 479.575.2410 / psiebenm@uark.edu
- _____ **For UALR:** Chris Hamilton / Office of Alumni and Development / Fax 501.683.7209 / clhamilton@ualr.edu
- _____ **For UAMS:** Linda Stone / Slot 716 / Fax 501.686.5067 / StonelindaG@uams.edu
- _____ **For CI (Cancer Institute):** Judy Cheek / Slot 623 / Fax 501.686.7540 / JACheek@uams.edu
- _____ **For UAM:** Roxanne Smith / PO Box 3520 Monticello, AR 71656 / Fax 870.460.1324 / SmithRR@uamont.edu
- _____ **For UAPB:** Margaret Martin-Hall / Mail Slot 4981 / Fax 870.575.4605 / hallm@uapb.edu
- _____ **For UACCB:** Tina Paul / PO Box 3350 Batesville, AR 72503 / Fax 870.612.2128 / tina.paul@uaccb.edu
- _____ **For UACCM:** Morgan Zimmerman / 1537 University Blvd. Morrilton, AR 72110 / zimmerman@uaccm.edu
- _____ **For All Other Campuses:** Robyn Winkle / UA Foundation / robyn@uafound.org

Confidentiality Statement

The University of Arkansas Foundation, Inc.

Web Reporting System Statement of Confidentiality

As a Web Reporting user, I understand that I have access to information, data, and files considered confidential and private. I agree to use the Web Reporting System to retrieve information considered vital and beneficial to my department and/or college. I will not distribute confidential information obtained from the Web Reporting System to unauthorized personnel, including, but not limited to, any persons or entities outside of the University of Arkansas. As a Web Reporting user, I will keep my user name and password private and for my individual use.

My signature denotes that I have read and understand this Statement of Confidentiality and agree to abide by its terms.

Printed Name

Signature

Date

User ID _____