Print Form

# Grant Delivery System (GDS) - WebGrants
# System Administrator's Access Request Form

*A signed GDS - WebGrants Information Security and Confidentiality Agreement must be received and approved by the California Student Aid Commission prior to gaining access to the GDS - WebGrants.* ***All fields are required to obtain a System Administrator's (SA) User Id and Password.***

## I. Institution Section

**Primary Institution Name and Address**

**Primary Institution USED ID Code**

____ ____ ____ ____ ____ ____ - ____ ____

**Additional Institution Names** *(If the Authorized Official and System Administrator are different at each institution, a separate Agreement must be completed.)*

**Additional Institutions USED ID Codes**

____ ____ ____ ____ ____ ____ - ____ ____
____ ____ ____ ____ ____ ____ - ____ ____
____ ____ ____ ____ ____ ____ - ____ ____

## II. Personal Information Section *(to be completed by person requesting access)*

**Name** *(Last, First, Middle Initial)*

**Mailing Address of SA** (if other than address listed above)

**Special Identifier** *(Check only one; limited to nine alpha-numeric characters)*

- ◯ Model of your first car (ie, Mustang)
- ◯ Pet's name
- ◯ Favorite food
- ◯ Other _____

***I certify that I have received and reviewed all security and confidentiality policies pertaining to the use of the Commission's GDS - WebGrants.***

**Signature** | **Title** | **Date**

***Email Address (see instructions on the reverse)*** | **Phone Number (xxx) xxx-xxxx** | **Fax Number (xxx) xxx-xxxx**

## III. Access Request and Institution Certification Section *(to be completed by Authorized Official - AO)*

*(Note: The Institution's AO and SA may not by the same individual.)*

**Date Request Submitted**

**Effective Date Requested**

| New | Change | Delete | User ID |
|---|---|---|---|
| ☐ | ☐ | ☐ | |

***I certify that I have designated the above named employee as GDS - WebGrants System Administrator and that I have reviewed all security and confidentiality policies pertaining to its use.***

***Name of AO - print or type***

***Telephone Number*** (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

***Title***

***Fax Number*** (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

***Signature***

***Email Address***

# How to fill out the System Administrator's Access Request Form

This form is required for the institution's System Administrator.
It is to be certified by the Authorized Official and returned to the Commission.

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## I. Institution Section: (All primary institution fields required)

- Fill in the institution's name, address, city, state, and USED ID code (including two-digit campus code). List all active USED ID codes that will be used at your institution. *(If the Authorized Official and System Administrator are different at each institution, a separate System Administrator's Request form must be completed.)*

## II. Personal Information Section: (All fields required)

- Enter Last, First and Middle Initial of the System Administrator requesting access.
- Requesting System Administrator must enter a unique 9 maximum alpha-numeric character **Special Identifier**, which will be used by the Help Desk to verify the identification of the person needing access. Special Identifiers may be the model of your first car, your favorite food, your pet's name or other lesser known info. When calling the Help Desk for assistance, you must provide your Special Identifier to verify your identity. Passwords and IDs will NOT be released without this confirmation.

  NOTE: All System Administrator's email addresses will be added to the WebGrants list service for periodic updates relative to WebGrants system availability, Production Schedule changes and training opportunities.

- The System Administrator must sign the form and certify that all security and confidentiality policies have been received and reviewed.

## III. Access Request and Institution Certification Section:

- Provide the date the form was completed and the requested effective date for the addition or change.
- Check the appropriate box:
  **New** access - Once approved and processed, the new ID will be mailed directly to the System Administrator. Secure passwords will be emailed to the System Administrator.
  **Change** existing access.
  **Delete** access.
  For request types of **Change** and **Delete**, please provide the User ID that was issued by the Commission in the space provided.
- Enter the name, title, telephone number, facsimile number and e-mail address of the institution's Authorized Official verifying this request.
- The institution's Authorized Official MUST sign the form.

**NOTE: The institution's Authorized Official and the person requesting System Administrator access <u>may not</u> be the same individual.**

**Mail originals to:**
California Student Aid Commission
Information Technology Services Division
Attn: CSAC HelpDesk
P.O. Box 419026
Rancho Cordova, CA 95741-9026

***Retain a copy of this completed form.***

**FOR COMMISSION USE ONLY.**

Date Received: _____ Date Updated: _____

Help Desk Review: _____ Date: _____

ISO Approval: _____ Date: _____