Print Form

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

CALIFORNIA STUDENT AID COMMISSION

A signed Information Security and Confidentiality Agreement must be received and approved by the California Student Aid Commission prior to accessing the GDS - WebGrants system.

I. District Section

District Name

District Address	City	State	Zip Code

List High Schools in your District on the next page.

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

Name *(Last, First, Middle Initial)*

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

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

2. Domain Name of the Network:

Note: The item 2 above is mandatory. Please contact your IT department to get the Network domain name.

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

Signature	Title	Date

E-mail Address (see instructions on the reverse)	Phone Number (xxx) xxx-xxxx	Fax Number (xxx) xxx-xxxx

III. Access Request and District Certification Section *(to be completed by SUPERINTENDENT verifying access)*

If Changing user from a District System Administrator to a District User, please fill out User Access Request form.

Date Request Submitted

New	Change	Renew	Delete	User ID
☐	☐	☐	☐	

I certify that I am the District's Superintendent and that I have designated the above named employee as our System Administrator for the GDS - WebGrants System.

Name of Superintendent - print or type

Telephone Number (xxx) xxx-xxxx

Signature of Superintendent

Fax Number (xxx) xxx-xxxx

E-mail Address

For CSAC Use Only	*Updated By*	*Date*

List of High Schools in your District

High School Name	College Board Code	CDS Code	WASC Accreditation Code *(or other eligible regional accreditation code)*	Accreditation Association Contact Information *(if other than WASC)*

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

This form is required for the District's System Administrator.
It is to be certified by the District Superintendent and returned to the Commission.

I. District Section:

- Fill in the district's name, address, city, state. For the district's High Schools please provide the School Name, College Board code, CDS code and WASC Accreditation and/or Accreditation Association Contact information on page 2.

II. Personal Information Section:

- Enter Last and First Name and Middle Initial of the System Administrator requesting access.
- Requesting System Administrator must enter a unique 9 (maximum) alpha-numeric character **Special Identifier** and **Domain Name of the Network**, which will be used to verify the identification of the person needing access. Special Identifiers may be your Mother's Maiden Name, your pet's name, your favorite food or the model of your first car. The Domain Name of the Network is mandatory. It is imperative that the System Administrator retain a copy of this completed form for their records.

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

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

III. Access request and District Certification Section:

- Provide the date the form was completed.
- Check the appropriate box:
  New access - Once approved and processed, the Pass Code will be e-mailed to the Superintendent. The System Administrator will receive a link to the User account page by e-mail. The SA will need to get the Pass Code from Principal to acquire User-ID.
  Renew or **Change** existing access
  Delete access
  For request types of **Change** and **Delete**, please provide the GDS - WebGrants system User ID (to be provided by the Commission upon approval) in the space provided.

  NOTE: When calling the Help Desk for assistance, you must provide your **Special Identifier** and **Domain Name of the Network** to verify your identity. Passwords and IDs will NOT be released without this confirmation.

- Enter the name, telephone number, facsimile number and e-mail address of the district's Superintendent verifying this request.
- The district's Superintendent MUST sign the form.

NOTE: A district's Superintendent and System Administrator <u>may not</u> be the same person.

Mail forms 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.

Do <u>not</u> include or send this information page with Access Request Form