

## Access Request Form Student Financials Module

<b>User Inf</b>	ormation		
Last Name:	First Name	First Name:	
CSUB ID #:	Email Address:		Work Phone:
Department:		Faculty	Staff Student Worker
New	Change 🔲 Inactivate Contact (If other than the use	r):	Effective Date:
Access	Roles		
Security roles	Please check each role you are requesting. s marked with ‡symbol provide access to Level I confidentia of confidential data.	data. Please refer to www.csub.edu/it	s/about/security/infosecurityplan/for
	Refund Tech	Extended University	
	Account Receivable	Corporate Billing	
	Account Tech	SF Super User ‡	
	☐ Cashier	Library Role	
	Collector	☐ Inquiry Role	
	Course Fee Add	SF Tech Support	
	Class Fee	Add On - Service Indicators Updat Please list requested service indicator co	
	Credentials Role	☐ Tuition Recalculation	
	☐ NRA Query Access <sup>‡</sup>	Budget Office Inquiry	
	SF Student Worker	Campus Budget Coordinator View	1
Comment			
Employee Signature:		at http://www.csub.edu/bas/hr/_fi	reed to the confidentiality agreement iles/_PeopleSoft/staffconfidentialityagree.pdf and attach the confidentiality agreement ent_conf_agreement.pdf
Department Manager (MPP) Signature:	Print Name:		Date:
Approver Signature:	Approval of Student Financial Services Director - Elizabeth Walker o	r Chief Accounting Officer/AVP - Queen Kin	Date:
After All Required Signatures - Return to: Administrative Computing Services -41Lib - FOR INTERNAL USE ONLY			
☐ Role	SA Security Setup	Notification Sent	
Completed	By: Date	e:	Form Updated: 11/30/2022