

**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. Mail or fax to one of the addresses listed at the bottom of this form.

Campus: (c\YW\ one) **System** **UAF** **ADC** **UALR** **UAMS** **CI** **UAM** **UAPB** **UACCB**

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

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

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

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:

Requires Project Signatory Signature

Project ID **Project Description**

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

DOD or Project 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:** Jamie Fields / Development Office / UNHS 200 / Fax 479.575.3515
- _____ **For ADC:** Pattie Siebenmorgen / Office of the VP for Agriculture / AFLS 223 / Fax 479.575.2410
- _____ **For UALR:** Laura Dobbins / Development Office / Fax 501.569.8633
- _____ **For UAMS:** Linda Stone / Slot 716 / Fax 501.686.5067
- _____ **For CI (Cancer Institute):** Judy Cheek / Slot 623 / Fax 501.686.7540
- _____ **For UAM:** Cindy Adair / Office of Advancement / PO Box 3520 / Monticello, AR 71656 / Fax 870.460.1324
- _____ **For UAPB:** Margaret Martin-Hall / Mail Slot 4981 / Fax 870.575.4605
- _____ **For UACCB:** Hayes Olson / UACCB / P.O. Box 3350 / Batesville, AR 72503 / Fax 870.612.2128
- _____ **For All Other Campuses:** Robyn Winkle / UA Foundation / Fax 479.575.2284

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: _____