

**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    WPRCI    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](mailto: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](mailto:cmfarris@uark.edu)
- \_\_\_\_\_ **For ADC:** Patty Siebenmorgen / Office of the VP Agri / DTAS 204 / [psiebenm@uark.edu](mailto:psiebenm@uark.edu)
- \_\_\_\_\_ **For UALR:** Chris Hamilton / Office of Alumni and Development / Fax 501.683.7209 / [clhamilton@ualr.edu](mailto:clhamilton@ualr.edu)
- \_\_\_\_\_ **For UAMS:** Linda Stone / Slot 716 / Fax 501.686.5067 / [StoneLindaG@uams.edu](mailto:StoneLindaG@uams.edu)
- \_\_\_\_\_ **For WPRCI (Cancer Institute):** Linda Stone / Slot 716 / Fax 501.686.5067 / [StoneLindaG@uams.edu](mailto:StoneLindaG@uams.edu)
- \_\_\_\_\_ **For UAM:** Roxanne Smith / PO Box 3520 Monticello, AR 71656 / Fax 870.460.1324 / [SmithRR@uamont.edu](mailto:SmithRR@uamont.edu)
- \_\_\_\_\_ **For UAPB:** Margaret Martin-Hall / Mail Slot 4981 / Fax 870.575.4605 / [hallm@uapb.edu](mailto:hallm@uapb.edu)
- \_\_\_\_\_ **For UACCB:** Tina Paul / PO Box 3350 Batesville, AR 72503 / Fax 870.612.2128 / [tina.paul@uaccb.edu](mailto:tina.paul@uaccb.edu)
- \_\_\_\_\_ **For UACCM:** Morgan Zimmerman / 1537 University Blvd. Morrilton, AR 72110 / [zimmerman@uaccm.edu](mailto:zimmerman@uaccm.edu)
- \_\_\_\_\_ **For All Other Campuses:** Robyn Winkle / UA Foundation / [robyn@uafound.org](mailto: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 \_\_\_\_\_