

Franklin College of Arts and Sciences

Request for Access to the Budget Amendment System

Send completed request to: **Franklin College
Systems Group
300F New College**

A separate form should be completed for **EACH** person requesting access.

Individual for whom access is being requested:

First Name

M.I.

Last Name

SSN

Dept. No.

Phone

Email

Your department's technical support contact:

First Name

Last Name

Phone

Other Required information:

Will you be replacing a current DFS user? (circle one) YES NO

If Yes:

-what was the DFS login/acct and name of that user? _____

Account Login

Name of person being replaced

Access Rights and Privileges:

Check which category you are requesting access to:

_____ All Personnel

_____ ONLY Graduate Personnel

_____ Other _____

IMS User ID: _____

I.P. Address: _____ . _____ . _____ . _____

Department Head or Other Approval*

Date

(* Authorization will NOT be granted without proper approval)