

**Kansas State University Foundation/Alumni Association
Access Registration Form**

Please read the following, sign and date the form. Please return to:

Jeanine Lake
Senior Director of Information Services
KSU Alumni Association
1720 Alumni Center
jlake@k-state.com

** Office Use Only **
Username:

I am aware that the KSU Foundation/Alumni Association reserves the right and will exercise the right to monitor all data distributed on the Foundation's Portal and the alumni database.

I understand that security dictates I not allow any other person to know or use my password and that, should it become known and used without my knowledge, I will change my password. I understand should I allow another person to use my user ID and password, I will be discontinued as a registered user.

Further, I understand all information I access is confidential and is only intended to be used for University sponsored development or alumni events and will not be disclosed to any other person(s). Failure to comply with this policy may result in denial of future access to donor and alumni information and other disciplinary action in accordance to the law.

I certify that I have read and that I understand the above acknowledgement:

Print User's Full Name College Department Office Phone

User's Signature Job Title E-Mail Address

FUND ACCOUNTING REPORTS: (check only one level of access)

Monthly reports that contain financial information related to fund accounts. Information includes contributions, other deposits, expenditures and transfers. Reports include monthly project activity reports and special requests. Interim reports will be available weekly until each month is closed.

- Dean's Level Access
- Department Level Access (please list Department(s) below):

- Fund Account(s) Level Access (please list Fund Account(s) below):

ONLINE DATABASE:

- Database that contains biographical information on all graduates, friends and donors of the University.

DONOR INFORMATION: (check only one)

- Gifts by College
 - Gifts by Department
- List Department here: _____

PLEASE NOTE: College Dean must approve the level of security appropriate for the user listed above.
(If not affiliated with a College, approval should come from an Associate VP, Assistant VP, VP or Department Head)

Please Print Full Name of Approver Approver's Signature Date