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

Please read the following and return completed form with approval signature and date to:

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

** Office Use Only **	
Username:	

New FIN User **Additional Access** 

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 do 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.

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Further, I understand all information I acc alumni events and will not be disclosed to donor and alumni information and other d	any other person(s).	Failure to comply with this p			
I certify that I have read and that I underst	and the above acknow	ledgement:			
Print User's Full Name	College	Department	Office Phone		
User's Signature	Job Title	E-Mail Address			
FUND ACCOUNTING REPORTS: (chec Monthly reports that contain financial inforexpenditures and transfers. Reports included weekly until each month is closed.	rmation related to fund	accounts. Information incl			
Dean's Level Access Department Level Acce	ess (please list Departr	ment(s) below):			
Fund Account(s) Level	Access (please list Fur	nd Account(s) below):			
ONLINE DATABASE:					
Database that contains	biographical informati	on on all graduates, friends	and donors of the University.		
Accounting Forms Portal:					
Digital portal that conta from KSU Foundation a		ursement and transfer requ	est portals for payments and transfers		
<b>DONOR INFORMATION</b> : (check only one	e)				
Gifts by College	Gifts by College				
Gifts by Department	Gifts by Department				
List Department here:					
PLEASE NOTE: College Dean must ap (If not affiliated with a College, approval sh					
Please Print Full Name of Approver	Approver	's Signature	 Date		

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