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 no used without my knowledge, I will change will be discontinued as a registered user.	e my password. I underst	* ·		
Further, I understand all information I acc alumni events and will not be disclosed to donor and alumni information and other o	any other person(s). Fa	ilure to comply with this poli		
I certify that I have read and that I unders	tand the above acknowled	lgement:		
Print User's Full Name	College	Department	Office Phone	
User's Signature	Job Title	E-Mail A	E-Mail Address	
	ess (please list Departme l Access (please list Fund	.,		
Database that contains b	iographical information or	all graduates, friends and	donors of the University.	
Accounting Portal: Digital portal that contain Foundation accounts.	ns the electronic disburser	ment and transfer request p	ortals for payments and tran	sfers from KSU
PLEASE NOTE: College Dean must ap (If not affiliated with a College, approval s	•	•		
Please Print Full Name of Approver	Approver's	Signature	Date	