

Requester's Name: _____

Audience View – Administrative Unit

GROUPS	USER ROLES
Check all that apply:	Check all that apply:
<input type="checkbox"/> System Administration <input type="checkbox"/> System Configuration <input type="checkbox"/> OIT Data Security <input type="checkbox"/> UMF Reports <input type="checkbox"/> Executive Reports <input type="checkbox"/> Foundation <input type="checkbox"/> Development <input type="checkbox"/> Access Control	<input type="checkbox"/> System Administrator <input type="checkbox"/> System Configuration <input type="checkbox"/> Non-Ticketing <input type="checkbox"/> UofM Foundation <input type="checkbox"/> UMF Reports <input type="checkbox"/> Outlets
Start Date:	End Date:

Product Manager Authorization Signature (required for ALL requests):

PRODUCT MANAGER AUTHORIZATION PRINTED NAME: Joe Sullivan	PRODUCT MANAGER'S SIGNATURE:	
PRODUCT MANAGER'S EMAIL ADDRESS:	PHONE NUMBER: 612-624-8236	DATE:

Functional Sponsor Authorization Signature (required for ALL requests):

FUNCTIONAL SPONSOR AUTHORIZATION PRINTED NAME: Lincoln Kallsen	BUSINESS OWNER OR TICKET MGR SIGNATURE:	
BUSINESS OWNER OR TICKET MGR EMAIL ADDRESS:	PHONE NUMBER: 612-626-9518	DATE: