

Claremont McKenna College
Blackbaud Access Request Form

First Name: _____ Last Name: _____ Middle Initial: _____

Extension: _____

Office Location: _____ Department: _____

Date of Hire: _____

Action requested:

Add access rights Delete access rights Change existing access rights

Job Title: _____

Description of RE duties: _____

Raiser's Edge Access Levels Requested

- Standard Department Access: This is generally for full time staff whose usage of the system will reflect the security level set up for the department that they will work in.
- Special Access: To gain special access the person needs approval from the VP of Development along with an explanation of duties that require special access.
- Temporary Employee Access: This access level needs approval from the department manager to be put into a set department group.
- Read Only Access: This level allows the end user to look up records and run queries. (This is the group, for example, that non-development and non-President's staff are in.)
- Other: _____

Blackbaud NetCommunity Access Levels Requested:

List relevant sites, and specify if you are seeking editing access in Blackbaud NetCommunity.

Editor Access to NetCommunity Level: Reviews site content, Suggests new content and changes to site, Edits site content

- Standard Department Access
- Special Access
- Temporary Employee Access
- Read Only Access
- None
- Other: _____

Understanding of User Responsibility:

Confidentiality:

I understand that the data contained in the Blackbaud System must be held in strict confidence and must not be shared with any individual or group of individuals—on- or off-campus—who do not have an express business reason to receive such data.

Password Protection:

I agree that I will never share my password with any individual. I further agree that I will report to ITS as soon as possible if I believe my password has been compromised or used without my permission.

Conclusion:

I understand that access to the Raiser's Edge/Blackbaud NetCommunity System is granted for the purpose of conducting official CMC business. I further understand that failure to abide by these rules is serious, may be cause to revoke my access to the Blackbaud System and may be grounds for disciplinary action. Finally, I understand that I am required to report any actions by others that I observe which I believe may represent security violations.

User Signature: _____ Date: _____

Name of Supervisor (print) Supervisor's signature (or attach proof of approval) Date: _____

Supervisor Comments: _____

ITS Comments	
	Date Completed
Training in Blackbaud:	_____
Documentation received:	_____
Access Request received:	_____
Access completed:	_____
Request Denied:	_____