

Maestro Security Role Access



Update Request Form

Instructions: Please fill out form completely and send to Research and Innovation (T-0460) or email to <u>sanders@tarleton.edu</u>.

Employee Name:		UIN:	
Department:		_ Job Title:	
Email Address:		Phone Numbe	er:
Current Role(s):			
Researcher/Faculty	1		
Department Head			
Associate Dean			
Dean			
Administrative Assi	stant (supporting active grant project)		
Budget and Record	Is Specialist (supporting active grant pro	oject)	
Assistant or Associa	ate Vice President		
Vice President			
Other (Explain in co	omments section)		
Justification for Requested L	Jpdate or Additional Comments:		
Employee Signature:			Date:
Approval Signature:			Date:
	RESEARCH OF	FICE USE ONLY	
	Maestro Security Access Updated: _	Date: _	
	Employee Laserfiche Profile Update	d: Date: _	
Access Given:			