

**HSU – Office of University Advancement  
Request for Raiser’s Edge Access (Revised 10.31.14)**

**User Information**

Name:	<input type="text"/>	HSU ID#	<input type="text"/>
HSU User Name	<input type="text"/>	Effective Date:	<input type="text"/>
Department:	<input type="text"/>	Position:	<input type="text"/>
		Extension:	<input type="text"/>

REQUEST	<input type="radio"/> New Access	<input type="radio"/> Modify Access	<input type="radio"/> Remove Access	
EMPLOYEE	<input type="radio"/> Permanent	<input type="radio"/> Temporary	<input type="radio"/> Student	<input type="radio"/> Non-HSU/Auxiliary

Please specify why you would like to access Raiser’s Edge (include the information you would like to be able to view):

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**Database Administrator Use Only – User Group Assignment**

AS Level 1:	<input type="checkbox"/>	DO 1:	<input type="checkbox"/>	Supervisor:	<input type="checkbox"/>
AS Level 2:	<input type="checkbox"/>	DO 2:	<input type="checkbox"/>	View Only:	<input type="checkbox"/>
AS Level 3:	<input type="checkbox"/>	DO 3:	<input type="checkbox"/>	New*:	<input type="checkbox"/>
Call Center:	<input type="checkbox"/>	FS 1:	<input type="checkbox"/>	(*Attach security profile for new user group)	
Call Center Admin:	<input type="checkbox"/>	FS 2:	<input type="checkbox"/>		
CE 1:	<input type="checkbox"/>	KHSU 1:	<input type="checkbox"/>		
CE 2:	<input type="checkbox"/>	KHSU 2:	<input type="checkbox"/>		

**Approval**

User’s Supervisor:	<input type="text"/>	Ext.:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Raiser’s Edge Administrator:	<input type="text"/>	Date:	<input type="text"/>
VP, University Advancement:	<input type="text"/>	Date:	<input type="text"/>
IT Security Officer:	<input type="text"/>	Date:	<input type="text"/>
User Name:	<input type="text"/>	Confidentiality Agreement Signed:	<input type="text"/>
RE Training Completed:	<input type="text"/>		

**HUMBOLDT STATE UNIVERSITY**

Office of University Advancement

**CONFIDENTIALITY AND ETHICS AGREEMENT**

I, \_\_\_\_\_, acknowledge that in the course of my work or volunteer activities for the Office of University Advancement at Humboldt State University, I may have access to documents, data, or other data, some or all of which may be confidential and/or privileged from disclosure, whether or not it is specifically “labeled” or identified as confidential.

Except as required by my activities, I agree to never, either during or after my assignment with the office, directly or indirectly use, publish, disseminate or otherwise disclose to any third party, or use for personal gain, any information acquired in the course of my activities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date