

CRM Advise Access Form

Please email the completed form to Michigan Tech IT at it-help@mtu.edu. Questions? Call 906-487-1111.

Contact Information				
First Name/Preferred First Name		Last Name		
M Number		User ID		
Office Phone Department		Title/Position		
Role Selection				
☐ New CRM Account	☐ Change Existing	Account Same Access As:		
Note: Pick one role from this	section and then provide	the Team n	ame that you will be	e a part of.
System Admin		☐ System Customizer		
Advisor		Advisor All Students Access		
☐ Case Managers		☐ Case Managers All Student Access		
Communication Plan Manager		☐ Success Manager		
Team Name				
Applicant Certification	on			
Access privileges are issued to obtained only in the conduct of not have a need to know. In a — the Family Educational Right members are accepting responsibilities as an authorization.	of their official duties, and the ddition, access to, and discl ats and Privacy Act (FERPA) onsibility for knowing and co	at no inform osure of, sto). By reques mplying with	ation will be disclosudent information is ting access to the B	ed to other persons who do governed by a federal law canner System, staff
Supervisor Approval				
The above applicant's duties have my staff read and under	-	er system an	d data. I realize tha	t it is my responsibility to
Applicant Signature Date	Applicant Name (printed)	Supe	ervisor Signature	Supervisor Name (printed)