

Napa Valley College Colleague New User Authorization

Last name: _____ **First name:** _____ **Mid. Name:** _____

Logon ID (Username) _____ **Employee ID:** _____

Department: _____ **Phone:** _____

Email Account _____

_____ **Classified** _____ **Full-time Faculty** _____ **Adjunct Faculty** _____ **Part-time/Hourly**

Position: _____

What is the ending date for the position, if applicable: _____

Security Classes requested (*example: ST.FA.INQUIRY*)

CORE: _____

ST: _____

CF: _____

HR: _____

Other: _____

OR Specific Mnemonics requested (*example: NAE*)

CORE: _____

ST: _____

CF: _____

HR: _____

Other: _____

Extras: File Import _____ File Export _____ QueryBuilder _____

Comments (*example: same access as Joe Smith*) _____

Authorized Signature: _____

Date: _____

Additional Authorized Signature: _____

Date: _____

Additional Authorized Signature: _____

Date: _____

Accounts (databases) - circle: **TEST** **LIVE** **EDUC** Other: _____

For MIS use

Network Access completed (initials and date): _____

Set up in Colleague (initials and date): _____