

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST FOR ASCEND ID FORM**

CAMPUS: SYSTEM UAF ADC UALR UAMS UAM UAPB ACRC UACCB

NAME: _____ SSN #: _____

TITLE: _____ PHONE: _____

COLLEGE: _____ ADDRESS: _____

DEPARTMENT: _____

E-MAIL:(REQUIRED) _____
(YOU WILL BE NOTIFIED BY E-MAIL OF YOUR USER ID & PASSWORD)

INDICATE THE RECORDS FOR WHICH YOU ARE REQUESTING AN ID:

FOUNDATION GENERAL LEDGER/ACCOUNTING RECORDS

DONOR RECORDS *
(FAY/ADC/UALR USE ONLY)

ALL ACCOUNTS FOR COLLEGE (REQUIRES DEAN'S APPROVAL BELOW)

ALL ACCOUNTS FOR DEPT (REQUIRES DEPT HEAD APPROVAL BELOW)

LIST SPECIFIC ACCOUNTS: (REQUIRES ACCT SIGNATORY APPROVAL BELOW)

***IF DONOR RECORDS ARE SELECTED, THE SECOND PAGE (STMT OF CONFIDENTIALITY) MUST BE COMPLETED**

SIGNATURE: _____ DATE: _____

REQUEST APPROVAL:

DEAN: _____ DATE: _____

DEPT HEAD: _____ DATE: _____

ACCT SIGNATORY: _____ DATE: _____

SEND COMPLETED FORMS TO:

FAYETTEVILLE:
JOE EUCULANO
OFC OF DEV.
UNHS 300

AGRI DEV COUNCIL:
MERRITT ROYAL
OFC OF THE VP FOR AGRI
ANSC E-202

UALR:
LEE COVINGTON
OFC OF DEVELOPMENT
2801 S. UNIVERSITY AVE.
LITTLE ROCK, AR 72204

ALL OTHER CAMPUSES:
DIANNA LEE
U OF A FOUNDATION
700 RESEARCH CTR BLVD, MS-7
FAYETTEVILLE, AR 72701

STATEMENT OF CONFIDENTIALITY
OFFICE OF DEVELOPMENT
UNIVERSITY OF ARKANSAS, FAYETTEVILLE
AGRICULTURAL DEVELOPMENT COUNCIL
UNIVERSITY OF ARKANSAS, LITTLE ROCK

Ascend is a licensed software system used to maintain donor and alumni records and gifts made to the University of Arkansas, Fayetteville and Agricultural Development Council. Ascend is the property of the University of Arkansas Foundation, Inc. The Office of Development reserves the right to authorize or deny access to the Ascend system to ensure the confidentiality of donor records.

Users of Ascend are expected to abide by the Code of Computing Practices for the University of Arkansas, Fayetteville. Your signature indicates that you have read and understand the Code of Computing Practices and that you will use the Ascend system for lawful and intended administrative purposes.

Signature: _____ Date: _____

Printed Name: _____