The purpose of this form is to request access to the Graduate Division’s GRADPOINT System for the Academics and Financial Portals. Access to these portals is granted to campus staff and faculty in academic departments/research units who are responsible for processing and approving graduate student academic and financial support related items. Due to the sensitive nature of the information in GRADPOINT, the Graduate Division requires that all users complete UCSB’s FERPA training, https://registrar.sa.ucsb.edu/faculty-staff/resources-for-faculty-staff/ferpa-for-faculty-staff

Please submit ONE form for each academic department/research unit and indicate ALL the GRADPOINT access being requested per user for each.

**Financial Portal:**
- [ ] Viewer Role
- [ ] Preparer Role
- [ ] Approver Role
- [ ] Employment Viewer

**Academics Portal:**
- [ ] Viewer Role
- [ ] Resources Only

Name: ___________________________ UCSBnetID: ___________________________
Email: ___________________________ Phone: ___________________________
Begin Date: ___________ End Date: ___________ FERPA Training Completion Date: ___________
[ ] Chair [ ] Graduate Advisor [ ] MSO [ ] GPA [ ] Other: ___________________________

Which academic department/research unit will this person need access? ___________________________

Do you currently have any existing access in GRADPOINT? ___________________________

Is this user replacing another user in this role? [ ] Y [ ] N
Name: ___________________________ UCSBnetID: ___________________________

GRADPOINT System access will be granted with the understanding that the system access may only be used for official university purposes and all policies related to student data and financial support must be followed. By signing below, you acknowledge that you understand the policies and procedures related to graduate student academic data and financial support.

Signature of User Requesting Access Print Name Date
Signature of Chair or Unit Director Print Name Date

*** (To be completed by Graduate Division staff) ***
Academics Unit Approval: [ ] Yes [ ] No
Financial Unit Approval: [ ] Yes [ ] No

Signature of Graduate Division Approver
Signature of Graduate Division Approver

Date notification sent to requester and department Chair/Director: ___________________________