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](https://registrar.sa.ucsb.edu/faculty-staff/resources-for-faculty-staff/ferpa-for-faculty-staff)

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

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

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

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? _____________________________

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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.

_________________________     _____________________________     Date
Signature of Person Requesting Access     Print Name     Date

_________________________     _____________________________     Date
Signature of Chair or Unit Director     Print Name     Date

**(To be completed by Graduate Division staff)**

Academics Unit Approval: [ ] Yes [ ] No

_________________________
Signature of Graduate Division Approver

Financial Unit Approval: [ ] Yes [ ] No

_________________________
Signature of Graduate Division Approver

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