



UNIVERSITY OF ALASKA
FAIRBANKS

Office of the Registrar, Academic Scheduling
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Fairbanks, AK 99775
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Astra Schedule Access Request Form

(please print)

First Name: _____ MI: _____ Last Name: _____

Department: _____ UA email: _____

Employee ID Number (UA ID): _____ Contact Phone: (____) _____ - _____

Statement of Responsibility:

Access to the Astra Schedule is granted to members of the University of Alaska Fairbanks (UAF) community to conduct UAF business, instruction, and activities with the understanding that such access is a privilege and carries with it certain responsibilities. Use of the Astra Schedule to interfere with the privacy and security of UAF and members of the UAF community, for political purposes, for personal, financial or commercial gain is prohibited.

Astra Schedule user will adhere to all UAF academic and event scheduling protocols and polices. User will have access to request and/or view rooms, reservations, and events according to approved access level. Failure to adhere to these policies will result in immediate removal from all Astra Schedule and Astra Web Client access. Reinstatement after removal must be approved by the Astra Systems Administrator, Academic Scheduling Coordinator, and Event Scheduling Coordinator.

You are responsible for **ALL** activity on you USERNAME in Astra Schedule. You should never tell anyone your Astra Schedule USERNAME or PASSWORD. You should change your password immediately after receiving your USERNAME or having the Astra Systems Administrator reset your password. Astra Schedule Access Request Forms are kept on file with the Astra Systems Administrator.

I have read the above Statement of Responsibility and agree to abide by all provisions.

Employee Signature: _____

Date: ____/____/____

Department Head Signature: _____

Date: ____/____/____

USERNAME will be emailed to new user via their UA email account with temporary password.

Account Type (circle one):

Sections Administrator

Events Administrator

Events User

Departmental User

Office Use Only:

Received By: _____ Date Received: ____/____/____

Processed By: _____ Process Completed: ____/____/____

USERNAME: _____