UAF TouchNet User Request Form

Campus: UAF  
Department Requesting: __________________________________________
Store or Site Manager: ____________________________________________
(The Manager is the person who requested the original uStore or uPay)
Phone: __________________________________________________________

* Send user suspension requests to jlnoble@alaska.edu

New User Information:

Full Name: __________________________________________ Email Address: ________________________________

Access Requesting (select all needed):

**uStore**

**Store Manager**: complete viewing and edit access to uStore settings and configurations (does not have fulfillment/refund/cancel rights)

**Store Clerk**: product editing only

**Fulfiller w/ Refund/Cancel Rights**: fulfill and refund/cancel orders

**Fulfiller**: fulfill orders only

**Store Accountant**: view financial reports only

**uPay**

**Site Manager**: complete viewing and edit access to uPay settings and configurations including refunding and canceling payments.

**Payment Clerk**: Search, cancel and refund payments

**Accountant**: view financial reports only

By signing below, I attest that I will sign and forward a PCI Security Agreement Form to the Bursar’s Office within one week of request. By doing so, I understand this means I have read and understand the University of Alaska Administrative Policy of Payment Card Industry (PCI). Furthermore, I understand that failure to do so may result in a loss of credit card processing privileges. User request will not be honored without PCI Security Agreement Form.

User Name: __________________________ Signature: __________________________ Date: _____________
Manager Approval: __________________________ Date: _____________

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