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## Degree Works Security Request Form

Request for Additional Access to the Student Information System

Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

### Role Requested:

† Read only access to Degree Works (faculty and advisors assisting students with reviewing degree audits)

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