TEXAS TECH UNIVERSITY

# University ID/Raider Card Office™

## CS Gold Access Request

Name: _____

TTU ID Number: _____

e-Raider Username: _____

Email Address: _____

Department: _____

Office Phone Number: _____

Supervisor: _____

Type of Access

❑ New Access Request          ❑ Access Termination  Reason

Please Fill out if NEW ACCESS REQUEST:

Is applicant a:   ❑ Full-time   ❑ Part-time   ❑ Temporary

Has applicant passed a drug test?   ❑ Yes   ❑ No

Has applicant passed a background check?   ❑ Yes   ❑ No

Has applicant read and signed the CS Gold security form?   ❑ Yes   ❑ No

Please describe what applicant will need to view in CS Gold.

_____   _____
Applicant Signature                                    Date

_____   _____
Supervisor Signature                                   Date