

Information About the ARC or Person Delegated to Have Signature Authority							
Last Name:		First Name:		MI:			
Department Number:		Department/School Name:		Phone:		CB:	
Onyen:			PID:				
Working Title:			Email Address:				
Name of Person Formerly in Positio	n (if applicable):			•			

Add or Remove ARC Access				
Action Requested and Effective Date <i>(select</i>	Add ARC Access	Add ARC "view only" access Remove ARC "view only" access		
one)	effective:			

Assign ARC Designator (person who can sign forms to add or remove ARCs)				
Action Requested and Effective Date <i>(select one)</i>	 Assign as ARC designator (that is, allow this MOU lead or HR Officer to sign this form for adding or removing ARCs) Remove as ARC designator effective: 			

SIGNATURES (Required)		
User Signature:	Date:	
Name of Dean, Vice Chancellor, or Delegate of Record ¹ : (please print)	Title:	
Signature of Dean, Vice Chancellor , or Delegate of Record:	Date:	

OFFICE USE ONLY				
Date Received:	Date Approved/Initials:	Date Processed/Initials:		

Give the completed form to an ARC in your school or division for entry into the Access Request Tool. (Note: The ConnectCarolina Team highly recommends that each school and division have at least two ARCs, a primary and a backup.)

¹ Only Deans and Vice Chancellors can sign to delegate signature authority.