

Administrator Appointment Request Secure Report Distribution

INSTRUCTIONS

1. Complete and forward it to (one form per SRD Administrator):

Product Support, Central 1 Fax: 604-730-4438

Retain this form for reference. The Administrator can access SRD at https://srd.cucbc.com once the user ID and one-time password are received by email. Administrators can add additional staff as Users or Guests.

REPORT OWNER INFORMATION			
Report Owner/Vendor Name		Report Owner/Vendor No.	
Address		City	Prov. Postal Code
Contact Name		Title	
Email Address		Phone No.	Fax No.
ADMINISTRATOR INFORMATION (one per form)			
Name		Signature	
		X	
Email Address		Phone No.	
Define the Administrator's access requirements	below.		
REPORT OWNER / VENDOR NAME	REPORT OWNER / VENDOR NO.	TYPE OF ACCESS	EMAIL NOTIFICATION OF REPORTS
		☐ Administrator	☐ Yes
		☐ Guest (reports access only)	☐ No
		☐ Administrator	☐ Yes
		Guest (reports access only)	□ No
		Administrator	☐ Yes
		Guest (reports access only)	☐ No
REPORT OWNER AUTHORIZATION			
		V	
Name of Signing Officer (on file with Central 1)		X Signature of S	igning Officer
, and the second			.gg cc.
Title of Signing Officer		Date	
CENTRAL 1 USE			
Completed by		Date	
SRD User ID	-		

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