Application for Astra Schedule Access

Baylor University

Name _____
Last First Middle Initial

Title _____

Department Name _____ Dept. Number _____

Campus Address _____

Campus Telephone _____ I.D. Number _____

Have you attended Astra Training? _____

_____ _____
Signature of Requestor *(Digital Signatures are accepted)* Date

Access Options (Complete A and/or B):

A) Copy Astra access of this username: _____

Is this person leaving the Department & their access should be removed? YES: ____ NO: ____

OR

B) Describe access needed:

_____

_____

_____

Send completed form to: Nicci Price
Nicci_Price@baylor.edu