



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Academic Works Access Request Form 2024-2025

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

This form is to be used to request new access or to update a current user's access to Academic Works. **For University Employees Only**

Type of Request:	New User Request		Update Current User	
EMPLOYEE'S Last Name	First Name	MI	EMPLOYEE'S CWID or SSN	
EMPLOYEE'S Mailing Address (include Apt. No.)			Department Name	
City	State	Zip Code	EMPLOYEE'S Position	
EMPLOYEE'S Email Address			EMPLOYEE'S Cell Phone (Include area code)	

Types of Access:

- | | |
|---------------------------|--------------------------------------|
| Opportunity Administrator | IT Administrator (Internal Only) |
| Foundation Administrator | System Administrator (Internal Only) |

College / Scopes:

- | | |
|----------|-----------------------|
| Reviewer | Chair (Lead Reviewer) |
|----------|-----------------------|

Scholarships you will be reviewing:

New Reviewer Signature:

Date:

Dean's Signature:

Date: