



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**

**Academic Works Access Request Form 2026-2027**

**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:**