ACE: DATABASE REQUEST FORM

Alumni Constituent Engagement

Return completed forms to:
Data Mgmt & IT Services
PSU Foundation
Mail Code: FOUND
1600 SW 4th Avenue, Suite 730,
Portland, OR 97201

Email: ace_access@psuf.org

PSU Foundation
PORTLAND STATE UNIVERSITY

DATE:	EMPLOYEE NAME:
DEPT**:**	ODIN USERNAME:
CAMPUS PHONE:	CAMPUS EMAIL:

I NEED ACCESS TO:

☐ ACE Database (does not include fund balances or financial transactions) ☐ E-mail campaigns via Encompass ☐ Financial Reports** (fund balances, financial transactions)

PRIMARY JOB FUNCTION/ DESCRIPTION (FOR DATABASE PERMISSIONS):

☐ Development Officer   ☐ Financial Officer   ☐ Communications Other   ☐ Student Employee

☐ Executive Assistant   ☐ Unit Coordinator   ☐ (please specify):

DESCRIBE HOW YOU WILL PRIMARILY USE ACE:

EMPLOYER: ☐ PSU Foundation   ☐ Portland State University (please specify unit):

Non PSU Foundation employees are required to print, sign and attach a confidentiality agreement to this form

PLEASE INITIAL THAT YOU HAVE READ AND AGREED TO THE FOLLOWING DOCUMENTATION:

APRA Statement of Ethics   CASE Statement of Ethics   Donor Bill of Rights

EMPLOYEE SIGNATURE:	DATE:
AUTHORIZED SIGNATURE*:	DATE:
AUTHORIZED NAME(Printed):	

* If request is for **ACE access**, the approving signature must be the **Dean or Development officer** for your unit. If request is for **Financial Reports** the approving signature must be the **senior financial officer** for your unit. Please contact us at ace_access@psuf.org for more information.

FOR FOUNDATION USE ONLY

Foundation Approval:	DATE:
Approval Name (Please Print):	