

## INSTRUCTIONS

Follow the instructions below to request Colleague Administrative Database access.

1. Indicate the database access needed by providing a current or former employee from whom access can be copied.

If you have questions about access, please contact Enterprise Applications and Servers at ext. 8610 or [eas@lesley.edu](mailto:eas@lesley.edu).

2. Employee must sign the request form.
3. Department Head or Dean must sign the request form.
4. **SCAN ([basic@lesley.edu](mailto:basic@lesley.edu)) or FAX (617.349.8717) the form to the Registrar's office for their signature.** The registrar's office will then send the form to Enterprise Applications and Servers for processing.
5. Register online for Colleague basic inquiry training. You will receive your username and password *only after* attending this training.

To register, go to the Registrar's Intranet page at <http://intranet.lesley.edu/registrar> and find "Colleague Basic Training" in the left-column links.

6. **If BUDGET access is needed, follow the Budget Inquiry Instructions on page 3 and complete the Budget Inquiry Request Form on page 4.**



# Colleague Administrative Database NEW ACCOUNT Request Form

## EMPLOYEE PROFILE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Lesley Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Classification:  Faculty/Staff  Temporary  Work-study student

## COLLEAGUE ACCESS TO COPY

Copy access from employee (current or former): \_\_\_\_\_

Off-campus access needed.\*\* *Only to be checked when the position **requires** off-campus access.*

## EMPLOYEE SIGNATURE FOR STATEMENT OF UNDERSTANDING

I understand that I am requesting access to confidential information, and I agree to use this information in accordance with University policies and the Family Educational Rights and Privacy Act (FERPA).

FERPA guidelines specify that the University will not disclose personally identifiable information about a student without the student's prior written consent. Exception is granted to college officials who have a "legitimate educational interest" such as academic advisors. However, under no circumstances can this information be further disclosed to a third party without the express written authorization of the student.

Employee's signature:

Date:

## APPROVAL SIGNATURES

**Signatures must be obtained from the Department Head/Dean AND the Registrar's office** (Scan to [basic@lesley.edu](mailto:basic@lesley.edu) or Fax to 617.349.8717)

Department Head/Dean signature:

Date:

Department Head/Dean Name (please print):

Registrar's Office signature:

Date:

**INSTRUCTIONS**

Follow the instructions below to request Colleague Administrative Database **BUDGET** access.

1. Complete the form, listing all budget codes for which access is needed. Check the Salary box if salary information should be included with this budget access.

If you have questions about access, please contact Enterprise Applications and Servers at ext. 8610 or [eas@lesley.edu](mailto:eas@lesley.edu).

2. Employee must sign the request form.
3. Department Head or Dean must sign the request form.
4. **SCAN ([stephen.micarelli@lesley.edu](mailto:stephen.micarelli@lesley.edu)) or FAX (617.349.8112) the form to the Finance office for their signature.** The Finance office will then send the form to Enterprise Applications and Servers for processing.
5. Email Steve Micarelli for Colleague Financials training at [stephen.micarelli@lesley.edu](mailto:stephen.micarelli@lesley.edu).



# Colleague Administrative Database BUDGET INQUIRY Request Form

**EMPLOYEE PROFILE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUDGET CODE ACCESS**

List the budget codes below for which access is needed. **Check here to include SALARY information.**


**APPROVAL SIGNATURES**

**Signatures must be obtained from the **Department Head/Dean** AND the **Finance office** (Scan to [stephen.micarelli@lesley.edu](mailto:stephen.micarelli@lesley.edu) or Fax to 617.349.8112).**

Department Head/Dean signature:	Date:
Department Head/Dean Name (please print):	
Finance Office signature:	Date:

**EMPLOYEE SIGNATURE FOR STATEMENT OF UNDERSTANDING**

**I understand that I am requesting access to confidential information, and I agree to use this information in accordance with University policies and the Family Educational Rights and Privacy Act (FERPA).**

**FERPA guidelines specify that the University will not disclose personally identifiable information about a student without the student's prior written consent. Exception is granted to college officials who have a "legitimate educational interest" such as academic advisors. However, under no circumstances can this information be further disclosed to a third party without the express written authorization of the student.**

Employee's signature:	Date:
-----------------------	-------