



TOUCHNET MARKETPLACE ACCESS REQUEST FORM

This form is to be filled out by applicant or supervisor, all information is required.

The person authorizing the access must submit this form to Merchant Services.

Applicant's Name	UIN-number	Title
School/College/Division		Department/Campus Phone
Outlook E-mail Address		

<input type="checkbox"/>	Create NEW Account
<input type="checkbox"/>	Change EXISTING Account
<input type="checkbox"/>	Delete EXISTING Account

Marketplace Operations Center	STORE(S) NAME
For UStore Access please select from the following access types: <input type="checkbox"/> Accountant <input type="checkbox"/> Store Manager <input type="checkbox"/> Fulfiller (Refunds) <input type="checkbox"/> Fulfiller <input type="checkbox"/> Store Contact For UPay Access please select from the following access types: <input type="checkbox"/> Store Manager <input type="checkbox"/> IT Manager	

Department Supervisor or Manager Authorization and other Authorizations

Supervisor/Authorizer's Full Name & Title	
<i>I authorize the employee for the profile listed in the above document. I understand it is my responsibility to notify the Comptroller's Office if the employee's employment is terminated or a change in duties requires a role adjustment.</i>	
Supervisor's Printed Name and Title	Supervisor's Email Address
Authorized supervisor signature	Date
Comptroller signature	Date