



Scholarship On-Line Account Review (SOLAR) Training and Access Request Form

I. USER INFORMATION

Name: _____ UIN: _____
Last First

Email: _____ Office Phone: _____

College: _____ Department: _____

II. ADDITIONAL ACCESS REQUEST

If you require scholarship information access to a college or department other than what is listed above, please indicate below:

** Please note: Users must have the necessary corresponding COMPASS access to view COMPASS information in SOLAR. New users must also complete RPAAWRD training prior to attending SOLAR training.*

III. AUTHORIZATION

***To be completed by Dean, Department Head, or Director with authority to provide access to scholarship account information.*

By signing this form, I authorize SOLAR access for the requesting staff member, as indicated above. I verify that I have the authority to do so for this unit and hereby authorize use of this system.

Signature of Dean, Department Head, or Director

Date

Printed Name of Dean, Department Head, or Director

Phone

IV. SUBMIT

Please submit the completed and signed form to Scholarships & Financial Aid via email or when you attend your SOLAR Training session. (Register for a session through TrainTraq, searching by course code 2112137.)

Email the completed form to fellowschol@tamu.edu.

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by the use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

For Office Use Only			
Received: _____	Training: _____	Complete: _____	Access: _____