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 return completed and signed form to Angela Nicholson, Scholarships & Financial Aid:
anicholson@tamu.edu OR TAMU Mail Stop 1252 OR The Pavilion 218. For questions, please call 458-5375.

Once this form has been received and processed, you will be contacted about scheduling a training session.

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: _______