



***eXpressReports* Access Authorization Request Form**
(Confidential)

CUSTOMER NAME: _____

SLSP: _____ (This number can be found in the upper left corner of your reports.)

ADDRESS: _____

CITY, STATE, & ZIP _____

LAST NAME, FIRST NAME, MIDDLE INITIAL: _____

By completing this form, you will be assigned a user ID and password for access to *eXpressReports*. Once your user id and password has been issued, you may access *eXpressReports* through www.campuspartners.com.

Please sign and return this form to:

**Campus Partners
Attn: Debra Pitts
P.O. Box 3176
Winston-Salem, NC 27102**

SIGNATURE: _____ DATE: _____

For Office Use Only:

SECURITY ACCESS:

SECTION: _____

SLSP RESTRICTIONS: _____

REQUESTED BY: _____ PROCESSED BY: _____ REVIEWED BY: _____

DATE REQUESTED: _____ DATE PROCESSED: _____ DATE REVIEWED: _____