



Campus Partners myReports Participation Authorization Form

Customer Name: _____

System Number: _____

Address: _____

Contact Name: _____

Title: _____

Phone: _____

Email Address: _____

The signature below authorizes Campus Partners to load college/university loan data from the System III database to the myReports database on a daily basis. This transfer of data will allow college/university employees with the necessary logon ID and password to use the myReports product for the production of Ad-Hoc reports.

Authorized Signature: _____

Date: _____

If you are interested in this service, please complete the form below and mail or fax it to Debra Pitts at the address below:

Campus Partners
Attn: Debra Pitts
PO Box 3176
Winston Salem, North Carolina 27102-3176
Fax (336) 607-2025

For internal use only:

Completed by _____ date _____