

CARS-W User Access Authorization Form

College: _____

Address/Telephone: _____

DSPS, Director _____

Provide the user name, contact information, and status in the column below. Note the type of user by entering 1, 2, or 3 for each person authorized to access the CARS-W database system at your campus. We also ask that you indicate whether the user has completed the LDESM training and received a certificate from the California Community Colleges Chancellor's Office. Please note corrections to user information in the comments column. Please sign, scan and email this form to Linda Vann at lvann@cccco.edu

	Last Name	First Name	Telephone Number	Email Address	Status	User Type	Comments
					1) Current 2) Add 3) Delete	1) Clerical 2) LD Specialist 3) Administrator	
1)			()				
2)			()				
3)			()				
4)			()				
5)			()				
6)			()				
7)			()				
8)			()				



DSPS Coordinator/Director Signature: _____

Date: _____

X

