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**iRIS Departmental or Research Administrator**

**Permission Request Form**

First Name: Click here to enter text. Last Name: Click here to enter text.

Title: Click here to enter text.

Department:

Email: Click here to enter text.

Telephone Number: Click here to enter text.

Supervisor Name: Click here to enter text.

Department Code(s) Access Is Requested For (Provide 6-digit Dept Code):

Click here to enter text.

Reason(s) Access is Needed for These Departments:

|  |  |
| --- | --- |
|  | Department MSO |
|  | Department Research Finance Administration |
|  | Other (specify below)  Specify: Click here to enter text. |
|  |  |

Return completed form via email to [CHR.SystemProject@ucsf.edu](mailto:CHR.SystemProject@ucsf.edu).